

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 DEC 26 AM 8:32

1. Name of Limited Partnership

1a. DOCUMENT #
A96000000759

STICHEL LIMITED PARTNERSHIP

Mailing Address

KRAMER, GREEN, ZUCKERMAN & KAHN, P.A.
4000 HOLLYWOOD BLVD., SUITE 485-S
HOLLYWOOD FL 33021

Principal Office Address

KRAMER, GREEN, ZUCKERMAN & KAHN, P.A.
4000 HOLLYWOOD BLVD., SUITE 485-S
HOLLYWOOD FL 33021

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip Country

3. Date Formed or Registered

04/22/1996

3a. Date of Last Report

01/03/1997

4. State or Country of Formation

FL

5a. Capital Contributions as
Shown on record.

\$9,900.00

5b. Amount of Capital
Contributions in FLORIDA
to date:

9,900.00

6. FLI Number **65-0782549**
APPLIED FOR

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired



\$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

KRAMER, ROBERT M
KRAMER, GREEN, ZUCKERMAN & KAHN, P.A.
4000 HOLLYWOOD BLVD., SUITE 485-S
HOLLYWOOD FL 33021

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

PHYSICIANS SELECT, INC.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

C/O SCOTT LEVINE 7350

11b. City, State & Zip Code

ORLANDO FL 32819

11c. Registration/
Document Number

F95000006144

100002395131--1
-01/03/98--01031--012
******170.05 ****170.05**

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Scott Levine
Scott Levine

President

DATE

12/21/97

Daytime Telephone Number

407-296-4397

CR2E003 (6/97)