


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership STICHEL LIMITED PARTNERSHIP		1a. DOCUMENT # A96000000759	
Mailing Address 7350 Sandlake Commons Suite 2217 Orlando, Florida 32819		Principal Office Address 7350 Sandlake Commons Suite 2217 Orlando, Florida 32819	
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 12/26/1997	
4. State or Country of Formation FL		5a. Capital Contributions Shown on Records 11-258 18,900.00	
5b. Amount of Capital Contributions in FLORIDA to date: 18,900.00		6. FEI Number 65-0782549 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/> \$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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
PHYSICIANS SELECT, INC.	C/O SCOTT LEVINE 7350	ORLANDO FL 32819	F95000006144
800002696708--5 -11/25/98-01067-009 ****284.05 ****221.05 OK H-3			
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 Scott Levine		DATE 11/18/98	
Typed or Printed Name of General Partner Signing Form		Daytime Telephone Number 407 348-7977	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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