

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**FILED**  
97 JAN -3 AM 11: 22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1997**

FLORIDA DEPARTMENT OF STATE  
**Sandra Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**1.** Name of Limited Partnership  
**1a. DOCUMENT #**  
**A96000000760**



**ZACHAREN LIMITED PARTNERSHIP**

Mailing Address <b>C/O KRAMER, GREEN, ZUKERMAN &amp; KAHN, P.A. 4000 HOLLYWOOD BLVD., SUITE 485-S HOLLYWOOD FL 33021</b>		Principal Office Address <b>C/O KRAMER, GREEN, ZUKERMAN &amp; KAHN, P.A. 4000 HOLLYWOOD BLVD., SUITE 485-S HOLLYWOOD FL 33021</b>	
<b>2.</b> Mailing Address	<b>2a.</b> Principal Office Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

<b>3.</b> Date Formed or Registered <b>04/22/1996</b>	<b>5a.</b> Capital Contributions as Shown on record. <b>\$9,900.00</b>
<b>3a.</b> Date of Last Report	
<b>4.</b> State or Country of Formation <b>FL</b>	<b>5b.</b> Amount of Capital Contributions in FLORIDA to date: <b>9,900.00</b>
<b>6.</b> FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>7.</b> Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
<b>8.</b> Make check payable to Dept. of State (See reverse side for fee information)	

**9. Name and Address of Current Registered Agent**

**KRAMER, ROBERT M**  
**C/O KRAMER, GREEN, ZUKERMAN & 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)  
**500002057685-1**  
Suite, Apt. #, etc.  
**-01/14/97-01162-010**  
City  
**FL** Zip Code  
**\*\*\*\*208.05 \*\*\*\*208.05**

**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.**

<b>11.</b> Name(s) of General Partner(s)	<b>11a.</b> Address of Each General Partner (Do NOT Use Post Office Box Numbers)	<b>11b.</b> City, State & Zip Code	<b>11c.</b> Registration/ Document Number
<b>PHYSICIAN'S DIRECT, INC.</b>	<b>7350 SANDLAKE COMMONS</b>	<b>ORLANDO FL 32819</b>	<b>P95000041756</b>

LST  
1-13

**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 D. Levine MD DATE 12/5/96  
Typed or Printed Name of General Partner Signing Form Scott D. Levine, M.D. Daytime Telephone Number (407) 578-2214

CR2E003 (6/96)