

**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. Martham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
A96000001027

EDINBURG II MEDICAL EQUITY INVESTORS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 30 AM 11:22

1/12



Mailing Address 1200 CORPORATE CENTER WAY, SUITE 100 WELLINGTON FL 33414	Principal Office Address 1200 CORPORATE CENTER WAY, SUITE 100 WELLINGTON FL 33414	3. Date Formed or Registered 05/31/1996	5a. Capital Contributions as Shown on record \$1,000.00
2. Mailing Address Suite, Apt. #, etc. 3801 PGA Boulevard, Suite 1000 City & State Palm Beach Gardens, FL 33410	2a. Principal Office Address Suite, Apt. #, etc. 3801 PGA Boulevard, Suite 1000 City & State Palm Beach Gardens, FL 33410	3a. Date of Last Report 01/31/1997	5b. Amount of Capital Contributions in FLORIDA to date:
Zip 33410	Country FL	4. State or Country of Formation FL	6. FFI Number 65-0682652
		7. Certificate of Status Desired <input checked="" 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 DASCO DEVELOPMENT CORPORATION 1200 CORPORATE CENTER WAY, SUITE 100 WELLINGTON FL 33414	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 3801 PGA Boulevard, Suite 1000 Suite, Apt. #, etc. Palm Beach Gardens, FL 33410
	City FL
	Zip Code 33410

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) EDINBURG II MEDICAL EQUITY C	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1200 CORPORATE CENTER 3801 PGA Boulevard, Suite 1000 Palm Beach Gardens, FL 33410	11b. City, State & Zip Code WELLINGTON FL 33414	11c. Registration/ Document Number P96000040195
			3000002397913 01/13/98-01020-006 ***330.00 ***165.00

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

Patrick J. DiSalvo
Vice President

DATE **12-19-97**
Daytime Telephone Number **561-691-9900**

CR2E003 (6/97)