

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

98 JAN -9 PM 1:31



1. Name of Limited Partnership

1a. DOCUMENT #
A96000001224

PODICARE MANAGEMENT SERVICES, LTD.

Mailing Address

2500 EAST HALLANDALE BEACH BLVD. SUITE 803
HALLANDALE FL 33009

Principal Office Address

2500 EAST HALLANDALE BEACH BLVD. SUITE 803
HALLANDALE FL 33009

3. Date Formed or Registered

06/28/1996

5a. Capital Contributions as
Shown on record.

\$10,890.00

3a. Date of Last Report

01/15/1997

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

4. State or Country of Formation

FL

6. FEI Number

65-0677189

☐ 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)

2. Mailing Address

1815 GRIFFIN RD
SUITE 203

City & State

DANIA FL

Zip 33004 Country USA

2a. Principal Office Address

1815 GRIFFIN RD
SUITE 203

City & State

DANIA FL

Zip 33004 Country USA

9. Name and Address of Current Registered Agent

POLLACK, GEORGE
2500 EAST HALLANDALE BEACH BLVD, SUITE 803
HALLANDALE FL 33009

10. If changed, new Registered Agent/Office

Name

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

1815 GRIFFIN ROAD

Suite Apt. #, etc.

City

DANIA

FL

Zip Code 33004

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

12-30-97

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)

PODICARE MEDICAL, L.C.

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

2500 EAST HALLANDALE

11b. City, State & Zip Code

HALLANDALE FL 33009

11c. Registration/
Document Number

L96000000701

200002413282-9

-01/27/98-01068-002

****189.50 ****189.50

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

DATE

12-30-97

Typed or Printed Name of General Partner Signing Form

THEODORE M. QUAY III

Daytime Telephone Number

954-920-4000 X11

CR2E003 (6/97)