

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

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 DEC 31 AM 10:11

1. Name of Limited Partnership

1a. DOCUMENT #  
**A96000001242**

**NORTH PALM BEACH COUNTY ENDOSCOPY CENTER, LTD.**

Mailing Address

777 SOUTH FLAGLER DRIVE, SUITE 1000 EAST  
WEST PALM BEACH FL 33401

Principal Office Address

777 SOUTH FLAGLER DRIVE, SUITE 1000 EAST  
WEST PALM BEACH FL 33401

3. Date Formed or Registered

07/01/1996

5a. Capital Contributions as  
Shown on record

**\$69,000.00**

3a. Date of Last Report

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

**\$69,000**

4. State or Country of Formation

FL

6. FEI Number

65-0678608

☐ 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

**VALDES-FAULI CORPORATE SERVICES, INC.**  
777 SOUTH FLAGLER DRIVE, SUITE 500 EAST  
WEST PALM BEACH FL 33401

10. If changed, new Registered Agent/Office

Name

**C T Corporation System**

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

**1200 South Pine Island Road**

Suite, Apt. #, etc.

City

**Plantation**

FL

Zip Code

**33324**

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)

*Barbara A. Burke*

**BARBARA A. BURKE**  
**SPECIAL ASSISTANT SECRETARY**

DATE **12/30/96**

**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)

**PHYMATRIX ENDOSCOPY CENTER,**

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

**777 SOUTH FLAGLER DRI**

11b. City, State & Zip Code

**WEST PALM BEACH FL 33**

11c. Registration/  
Document Number

**P96000054722**

**200002047782--2**  
**-01/07/97--01066--004**  
**\*\*\*\*483.00 \*\*\*\*483.00**

**200002047782--2**  
**-01/07/97--01066--005**  
**\*\*\*\*\*93.25 \*\*\*\*\*93.25**

**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

*Frank Tidikis*

DATE **12/27/96**

Typed or Printed Name of General Partner Signing Form

**Frank Tidikis**

**PhyMatrix Endoscopy Center, Inc.**

Daytime Telephone Number **(561) 655-3500**