

**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  
97 JAN 16 PM 3:51

1. Name of Limited Partnership

1a. DOCUMENT #  
**A96000001263**

**WELLNESS MANAGEMENT GROUP, LTD.**



Mailing Address

Principal Office Address

6245 NORTH FEDERAL HIGHWAY, SUITE 400  
FORT LAUDERDALE FL 33308

6245 NORTH FEDERAL HIGHWAY, SUITE 400  
FORT LAUDERDALE FL 33308

3. Date Formed or Registered

07/03/1996

5a. Capital Contributions as Shown on record.

**\$49,000.00**

3a. Date of Last Report

4. State or Country of Formation

**FL**

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

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

65-0682099

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

10. If changed, new Registered Agent/Office

**SHIELDS, BOBBY L**

6245 NORTH FEDERAL HIGHWAY, SUITE 400  
FORT LAUDERDALE FL 33308

Name

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

200002066022--9

Suite, Apt. #, etc.

01/23/97 01051 013

City

\*\*\*481.75 \*\*\*481.75

**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

HSSI MANAGEMENT COMPANY, INC

6245 NORTH FEDERAL HI

FORT LAUDERDALE FL 33

F93000004108

**KWM**

**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

*[Signature]*

DATE

12/21/96

Typed or Printed Name of General Partner Signing Form

BOBBY L SHIELDS, SECT'Y

Daytime Telephone Number

(954) 771-0500

CR2E003 (6/96)