
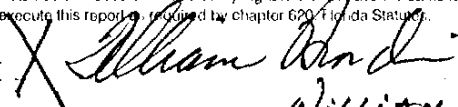


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

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 97 OCT - 2 PM 2:20	
1. Name of Limited Partnership		1a. DOCUMENT # A96000001566			
GALLOWAY MEDICAL PARK ASSOCIATES, LTD.					
Mailing Address 1401 BRICKELL AVENUE MIAMI FL 33131		Principal Office Address 1401 BRICKELL AVENUE MIAMI FL 33131		3. Date Formed or Registered 08/21/1996	
2. Mailing Address 3750 NW 87th Avenue Suite, Apt. #, etc. 250 City & State Miami FL Zip 33178 Country USA		2a. Principal Office Address 3750 NW 87th Avenue Suite, Apt. #, etc. 250 City & State Miami FL Zip 33178 Country USA		3a. Date of Last Report 02/21/1997	
				4. State or Country of Formation FL	
				5a. Capital Contributions as Shown on record. \$1,372,000.00	
				5b. Amount of Capital Contributions in FLORIDA to date:	
				6. FEI Number 65-0709452 <input checked="" type="checkbox"/> APPLIED FOR <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				7. Certificate of Status Desired <input 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 CORPCO, INC. 2699 SOUTH BAYSHORE DRIVE, 7TH FLOOR MIAMI FL 33133			10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City 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					
GALLOWAY MEDICAL PARK CORP.		1401 BRICKELL AVENUE 3750 NW 87th AVENUE		MIAMI-FL 33131 MIAMI, FL 33178 6000002312616--6 -10/06/97--01108--005 ****541.25 ****541.25 dec	
P96000069461					
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		DATE 9/24/97 305 591 1121	
				Daytime Telephone Number	

CR2E003 (6/97)