


**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership GALLOWAY MEDICAL PARK ASSOCIATES, LTD.		1a. DOCUMENT # A96000001566			

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 14 PM 12:29



Mailing Address 3750 NW 87TH AVENUE #250 MIAMI FL 33178		Principal Office Address 3750 NW 87TH AVENUE #250 MIAMI FL 33178		3. Date Formed or Registered 08/21/1996		5a. Capital Contributions as Shown on record. \$1,372,000.00	
2. Mailing Address 2601 S. Bayshore Drive Suite, Apt. #, etc. PH-1B City & State Miami FL Zip 33133 Country USA		2a. Principal Office Address Same Suite, Apt. #, etc. Same City & State Same Zip Same Country Same		3a. Date of Last Report 10/02/1997		5b. Amount of Capital Contributions in FLORIDA to date:	
				4. State or Country of Formation FL		6. FEI Number 65-0709452	
				7. Certificate of Status Desired		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				8. Make check payable to: Dept. of State (See reverse side for fee information)		\$8.75 Additional Fee Required	

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	
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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) GALLOWAY MEDICAL PARK CORP.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3750 NW 87TH AVENUE 2601 S. Bayshore Dr. Ste. PH-1B Miami, FL 33133		11b. City, State & Zip Code MIAMI FL 33178		11c. Registration/Document Number P96000069461	
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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

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (8/96)