

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

97 APR 28 AM 10:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Name of Limited Partnership COLUMBIA OCALA URGENT CARE CENTERS, LTD.		1a. DOCUMENT # A96000001893	
Mailing Address 1308 S.E. 14th Street Ocala, FL 34471		Principal Office Address 1308 S.E. 14th Street Ocala, FL 34471	
2. Mailing Address 1308 S.E. 14th Street Suite, Apt. #, etc. City & State Ocala, FL Zip 34471		2a. Principal Office Address 1308 S.E. 14th Street Suite, Apt. #, etc. City & State Ocala, FL Zip 34471	
Country USA		Country USA	
3. Date Formed or Registered 09/16/96 (2/97) first did 09/16/96		5a. Capital Contributions as Shown on record \$110,000.00	
3a. Date of Last Report 1st		5b. Amount of Capital Contributions in FLORIDA to date same	
4. State or Country of Formation Florida		6. FEI Number 59-3374765 <input type="checkbox"/> Applied For <input checked="" 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 R. William Futch 500 N.E. 8th Avenue Ocala, FL 34470		10. If the business is a corporation, the registered agent's name and address must be provided. Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL	
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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 4/7/97

**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) Marion Urgent Care Centers, Inc.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1308 S.E. 14th Str.	11b. City, State & Zip Code Ocala, Fl 34471	11c. Registration/ Document Number P96000040815
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no penalty due
to improper notice
per LT - See
attached H
Vest

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 X

DATE 4/10/97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

352-368-3697