
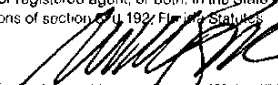

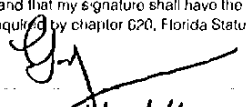


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership COLUMBIA OCALA URGENT CARE CENTER, LTD.		1a. DOCUMENT # A96000001893	
2. Mailing Address 8520 State Road 200 Suite, Apt. #, etc.		2a. Principal Office Address 8520 State Road 200 Suite, Apt. #, etc.	
3. City & State OCALA FL		3. City & State OCALA FL	
4. Zip 34481 Country USA		4. Zip 34481 Country USA	
5. Date Formed or Registered 10/08/1996		5a. Capital Contributions as Shown on record. \$110,000.00	
6. Date of Last Report 04/28/1997		5b. Amount of Capital Contributions in FLORIDA to date: \$110,000.00	
7. State or Country of Formation FL		6. FEI Number 59-3374765	
8. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		7. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent FUTCH, R. WILLIAM 500 N.E. 8TH AVE OCALA FL 34470		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 sections 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) MARION URGENT CARE CENTER, I	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1308 S.E. 14TH STREET	11b. City, State & Zip Code OCALA FL 34471	11c. Registration/Document Number P96000040815
300002360323--3 -12/02/97--01031--006 ****541.25 ****541.25 			
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 		DATE	
Typed or Printed Name of General Partner Signing For: Lloyd Kern as President of Marion Urgent Care Center, Inc.		Daytime Telephone Number	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV 24 AM 10:50



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