

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 Morham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership F.L. COOPER HEALTH SERVICES, LTD.		1a. DOCUMENT # A96000001902	
Mailing Address 2 South Biscayne Blvd. Suite 3400 Miami, Florida 33131 Attn. Peter H. Levitt, Esq.		Principal Office Address 2 South Biscayne Blvd. Suite 3400 Miami, Florida 33131 Attn. Peter H. Levitt, Esq.	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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3. Date Formed or Registered 10/11/96		5a. Capital Contributions as Shown on record \$1,000.00	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date	
4. State or Country of Formation Florida			
6. FEI Number 65-0709977		☐ 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 Valdes-Fauli Corporate Services, Inc. 2 South Biscayne Boulevard Suite 3400 Miami, Florida 33131		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is not acceptable) Suite, Apt. #, etc. City 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) F.L. COOPER HEALTH SERVICES, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2 South Biscayne Blvd. Suite 3400	11b. City, State & Zip Code Miami, Florida 33131	11c. Registration Document Number P96000032613
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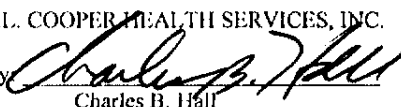
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I 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 make this report as required by chapter 620, Florida Statutes.

SIGNATURE

F.L. COOPER HEALTH SERVICES, LTD.

By: F.L. COOPER HEALTH SERVICES, INC.

By: 
Charles B. Hall
Secretary

DATE

Daytime Telephone Number