FILE ON OR BEFORE DECEMBER 3‾ 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATI… …ND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 27 PM 4:10

1. Name of Limited Partnership

F.L. COOPER HEALTH SERVICES, LTD.

1a. DOCUMENT # A96000001902

Mailing Address	Principal Office Address
2 South Biscayne Blvd. Suite 3400 Miami, Florida 33131 Attn. Peter H. Levitt, Esq.	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

3. Date Formed or Registered: 10/11/96

3a. Date of Last Report:

4. State or Country of Formation: Florida

5a. Capital Contributions as Shown on record: $1,000.00

5b. Amount of Capital Contributions in FLORIDA to date:

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)

900002048093--9
-01/07/97--01085--016
****191.25 ****191.25

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
F.L. COOPER HEALTH SERVICES, INC.	2 South Biscayne Blvd. Suite 3400	Miami, Florida 33131	P96000032613

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

F.L. COOPER HEALTH SERVICES, LTD.
By: F.L. COOPER HEALTH SERVICES, INC.
By: [signature]
Charles B. Hall
Secretary

DATE ______________

Daytime Telephone Number ______________