

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JAN -5 PM 3:16

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| LIMITED PARTNERSHIP ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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| 1. Name of Limited Partnership | 1a. DOCUMENT # A96000002131 |
| FLAMINGO FALLS PROFESSIONAL CENTER, LTD. | |



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| Mailing Address 1508 SAN IGNACIO AVE SUITE 200 CORAL GABLES FL 33134 | Principal Office Address 1508 SAN IGNACIO AVE SUITE 200 CORAL GABLES FL 33134 |
| 2. Mailing Address PO Box 431984 Suite, Apt. #, etc. | 2a. Principal Office Address 5703 SW 85th. Street Suite, Apt. #, etc. |
| City & State Miami, Florida | City & State So. Miami, Florida |
| Zip 33243 Country USA | Zip 33143 Country USA |

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| 3. Date Formed or Registered 11/20/1996 | 5a. Capital Contributions as Shown on record. \$5,000,100.00 |
| 3a. Date of Last Report 02/26/1998 | |
| 4. State or Country of Formation FL | 5b. Amount of Capital Contributions in FLORIDA to date: \$5,000,100.00 |
| 6. FEI Number 65-0707898 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 7. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| 8. Make check payable to: Dept. of State (See reverse side for fee information) | |

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| 9. Name and Address of Current Registered Agent FFPC, INC. 1508 SAN IGNACIO AVE SUITE 200 CORAL GABLES FL 33134 5703 SW 85th. St. So. Miami, Fl. 33143 |
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| 10. If changed, new Registered Agent/Office |
| Name |
| Street Address (P.O. Box Number is not applicable) CORAL GABLES FL 33134 |
| Suite, Apt. #, etc. ***535.00 ***535.00 |
| 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.

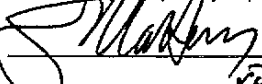
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**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 |
|-----------------------------------|---|---|-----------------------------------|
| FFPC, INC. | 1508 SAN IGNACIO AVE 5703 SW 85th. St. | CORAL GABLES FL 33134 So. Miami, Fl 33143 | P96000094977 |

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 12/29/98
Typed or Printed Name of General Partner Signing Form LP/OP. L. Richard Mortham Daytime Telephone Number 305 662 1421

CR2E003 (8/98)