

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

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 SEP 14 PM 2:18

1. Name of Limited Partnership

1a. DOCUMENT #  
A97000001015

AZTEC MEDICAL SERVICES, LTD.



Mailing Address

5601 N. DIXIE HIGHWAY, SUITE 320  
FORT LAUDERDALE FL 33334

Principal Office Address

5601 N. DIXIE HIGHWAY, SUITE 320  
FORT LAUDERDALE FL 33334

3. Date Formed or Registered

05/07/1997

5a. Capital Contributions as  
Shown on record.

\$990.00

3a. Date of Last Report

12/15/1997

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

0

4. State or Country of Formation

FL

6. FEI Number

65-0741921

☐ 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)

2. Mailing Address

1700 NW 66 Avenue

Suite, Apt. #, etc.

101

City & State

Plantation, Florida

Zip

33313

Country

USA

2a. Principal Office Address

1700 NW 66 Avenue

Suite, Apt. #, etc.

101

City & State

Plantation, Florida

Zip

33313

Country

USA

9. Name and Address of Current Registered Agent

PINTAURO, WILLIAM L MD FACS  
5601 N. DIXIE HIGHWAY, SUITE 320  
FT LAUDERDALE FL 33334

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip

33313

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)

AZTEC MEDICAL SERVICES, INC.

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

3191 CORAL WAY, PH2  
1700 Northwest 66 Avenue  
#101

11b. City, State & Zip Code

MIAMI FL 33145

Plantation, FL  
33313

11c. Registration/  
Document Number

P98000015383

300002643843-9  
-09/18/98--01085--023-9  
\*\*\*\*141.25 \*\*\*\*141.25

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 Form

Daytime Telephone Number

CR2E003 (8/98)