

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC -1 AM 11:07

1. Name of Limited Partnership

1a. DOCUMENT #
A97000001621

FLORIDA ALLERGY CLINICS, LTD.



Mailing Address

303 EAST PAR STREET
ORLANDO FL 32804

Principal Office Address

303 EAST PAR STREET
ORLANDO FL 32804

3. Date Formed or Registered

07/15/1997

3a. Date of Last Report

5a. Capital Contributions as
Shown on record.

\$10.00

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

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. State or Country of Formation

FL

6. FFI Number

☐ 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

AYLWARD, ROBERT E ESQ.
100 NORTH TAMPA STREET, SUITE 2425
TAMPA FL 33602

10. If changed, new Registered Agent/Office

Name

D. Jeffery Sapp

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

303 E Par Street

Suite, Apt. #, etc.

City

Orlando

FL

Zip Code

32804

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, 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 11/21/97

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)

PHYSICIANS SURGICAL NETWORK,

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

303 EAST PAR STREET

11b. City, State & Zip Code

ORLANDO FL 32804

11c. Registration/
Document Number

P98000024624

700002363047--1
-12/04/97--01076--025
****156.25 ****156.25

dec

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

11/21/97

Typed or Printed Name of General Partner Signing Form

D. Jeffery Sapp

Daytime Telephone Number

407-628-1800

CR2003 (9/97)