

FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
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

98 APR 20 AM 11:26



1. Name of Limited Partnership

1a. DOCUMENT #
A97000001903

INTERNATIONAL HEALTHCARE INVESTMENTS, LTD.

Mailing Address

Principal Office Address

~~1000 30TH STREET NORTH SUITE 404~~
~~CLEARWATER FL 34625~~

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~~CLEARWATER FL 34625~~

3. Date Formed or Registered

09/03/1997

5a. Capital Contributions as
Shown on record.

\$100.00

3a. Date of Last Report

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

\$100.00

2. Mailing Address

P.O. Box 12556

2a. Principal Office Address

2150 Whitfield Industrial Way

4. State or Country of Formation

FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number

59-3466506

☐ Applied For
☒ Not Applicable

City & State

St. Petersburg, Florida

City & State

Sarasota, Florida

7. Certificate of Status Desired

☐ **\$8.75** Additional
Fee Required

Zip

33733

Country

USA

Zip

34243

Country

USA

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**CAPITAL CONNECTION, INC.
417 E. VIRGINIA STREET, SUITE 1
TALLAHASSEE FL 32301**

10. If changed, new Registered Agent/Office

Name

International Development Corp.

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

2150 Whitfield Industrial Way

Suite, Apt. #, etc.

City

Sarasota

FL

Zip Code

34243

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)

INTERNATIONAL DEVELOPMENT CO

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

~~1000 30TH STREET NOR~~
**2150 Whitfield
Industrial Way**

11b. City, State & Zip Code

~~CLEARWATER FL 34625~~
Sarasota, FL 34243

11c. Registration/
Document Number

P97000067137

300002480703-5
-04/24/98-01004-017
******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

CR2E003 (12/97)