

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

FILED

98 DEC 30 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 MEDICAL PARK MIAMI, LTD.	1a. DOCUMENT # A98000000377 <i>99-AP/CLU CM</i>
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Mailing Address 2300 CORAL WAY MIAMI FL 33145	Principal Office Address 2300 CORAL WAY MIAMI FL 33145	3. Date Formed or Registered 02/05/1998	5a. Capital Contributions as Shown on record. \$9,000,000.00
		3a. Date of Last Report N/A	5b. Amount of Capital Contributions in FLORIDA to date: 0
		4. State or Country of Formation FL	
2. Mailing Address 2300 CORAL WAY Suite, Apt. #, etc. SUITE III	2a. Principal Office Address 2300 CORAL WAY Suite, Apt. #, etc. SUITE III	6. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
City & State MIAMI FLORIDA	City & State MIAMI FLORIDA	7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33145	Zip 33145	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent DADE CORPORATE SERVICES, INC. 2300 CORAL WAY MIAMI FL 33145	10. If changed, new Registered Agent/Office Name DADE CORPORATE SERVICES, INC. Street Address (P.O. Box Number Is Not Acceptable) 2300 CORAL WAY. Suite, Apt. #, etc. SUITE 103, CANTELOP BLDG City MIAMI
Zip Code FL 33145	

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
MED-PARK U.S.A., INC.	2300 CORAL WAY 2300 CORAL WAY, CANTELOP BLDG	MIAMI FL 33145	P9700069334
			900002727209--6

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 *Amada Lopez Cantera* Director DATE 12-29-98
 Typed or Printed Name of General Partner Signing Form AMADA LOPEZ CANTERA Daytime Telephone Number 3058541040

CR2E003 (8/98)

A98 000 000377



ACCOUNT NO. : 072100000032

REFERENCE : 083322 7139083

AUTHORIZATION :

COST LIMIT :

\$ 535 *Patricia Pruitt*

ORDER DATE : December 30, 1998

ORDER TIME : 2:45 PM

ORDER NO. : 083322-035

CUSTOMER NO: 7139083

CUSTOMER: Linda Larrea, Esq
Larrea & Ortega
Suite 111
2300 Coral Way
Miami, FL 33145

ANNUAL REPORT FILING

XX
88 DEC 30 PM 3:36
SECTION OF REGISTRAR

NAME: MEDICAL PARK MIAMI, LTD

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Cassandra Lamm

EXAMINER'S INITIALS: _____