

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**DOCUMENT # A98000000422**

1. Entity Name  
**MEDCYL SERVICES, LTD.**



Principal Place of Business  
**4236 N. ORANGE BLOSSOM TRAIL  
 ORLANDO, FL 32804**

Mailing Address  
**P.O. BOX 917452  
 LONGWOOD, FL 32791**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052004

Chg-LP

CR2E003 (10/03)

4. FEI Number

**59-3493391**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOCK, RONALD G ESQ.  
 37 N. ORANGE AVENUE, SUITE 500  
 ORLANDO, FL 32801-2425**

Name

**Mario Garcia**

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

**1 S. Orange Ave Ste 401**

City

**Orlando**

FL

Zip Code

**32801**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable

DATE

**4-15-04**

9. Capital Contributions as Shown on record **\$29,700.00**

10. Amount of Capital Contributions in FLORIDA to date.

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P97000101757**  
 NAME **AEOLUS, INC.**  
 STREET ADDRESS **5 PELICAN PLACE**  
 CITY-ST-ZIP **BELLEAIR, FL 337561512**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**4-28-04 401-445-1015**

**FILED**

**04 JUN -4 PM 2:53**

**SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA**



STAPLE CHECK HERE