

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

10/27

98 OCT 23 AM 8:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA



1. Name of Limited Partnership WOUND MANAGEMENT CENTER OF JACKSONVILLE, LTD.	1a. DOCUMENT # A98000000626
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Mailing Address 1680 DUNN AVE., UNIT 36 JACKSONVILLE FL 32218	Principal Office Address 2323 N. TUSTIN Ste. N Santa Ana, CA 92705
2. Mailing Address 2323 N. TUSTIN Suite N Santa Ana, CA 92705 U.S.	2a. Principal Office Address 1680 DUNN AVE., UNIT 36 JACKSONVILLE FL 32218
Suite, Apt. #, etc. Suite N	Suite, Apt. #, etc.
City & State Santa Ana, CA	City & State
Zip 92705	Country U.S.

3. Date Formed or Registered 03/06/1998	5a. Capital Contributions as Shown on record. \$10,000.00
3a. Date of Last Report N/A	5b. Amount of Capital Contributions in FLORIDA to date: \$10,000.00
4. State or Country of Formation FL	6. FEI Number 59-3494248
7. Certificate of Status Desired <input type="checkbox"/> \$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

MAGUIRE, JOHN
1680 DUNN AVE., UNIT 36
JACKSONVILLE FL 32218

10. If changed, new Registered Agent/Office

Name Charles Householder
Street Address (P.O. Box Number Is Not Acceptable) 1680 Dunn Ave.
Suite, Apt. #, etc. Unit 36
City Jacksonville, FL Zip Code 32218

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) *Charles Householder* DATE 10/6/98

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
WOUND MANAGEMENT CENTER OF J	1680 DUNN AVE., UNIT	JACKSONVILLE FL 32218	P98000013309

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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 *Charles Householder* DATE 10/6/98

Typed or Printed Name of General Partner Signing Form Charles Householder Daytime Telephone Number 714-538-8048

CR2E003 (8/98)