

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. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 FEB -3 PM 1:01

1. Name of Limited Partnership

1a. DOCUMENT #  
A98000001112

CLSC, LTD.



Mailing Address

1770  
EAST HALLANDALE BEACH BLVD.  
HALLANDALE FL 33009

Principal Office Address

1770  
EAST HALLANDALE BEACH BLVD.  
HALLANDALE FL 33009

3. Date Formed or Registered

05/05/1998

5a. Capital Contributions as  
Shown on record.

\$15,000.00

3a. Date of Last Report

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

15,000.

4. State or Country of Formation

FL

6. FEI Number

65-0833820

☐ 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

COMPREHENSIVE LOCAL SPECIALTY CARE, INC.  
10 FAIRWAY DRIVE, SUITE 215  
DEERFIELD BEACH FL 33441

10. If changed, new Registered Agent/Office

Name: COMPLETE LOCAL SPECIALTY CARE, INC.  
Street Address (P.O. Box Number Is Not Acceptable): 7800 W. OAKLAND PARK BLVD. BLDG. "G"  
Suite, Apt. #, etc.:  
City: SUNRISE FL Zip Code: 33351

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)

Chatal Bray

DATE

12/17/98

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

COMPLETE LOCAL SPECIALTY  
CARE, INC.

SEE AMENDMENT FILED 12/4/98 FOR CORRECTION OF GENERAL PARTNER

7800 W. Oakland Park  
Blvd., Bldg. G

Sunrise, FL 33351

P97000013480

6:000002770126--1  
-02/09/99--01099--004  
\*\*\*\*216.50 \*\*\*\*216.50

52  
2-4-99

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

Chatal Bray

DATE

12/17/98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (8/98)