


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

APPROVED
AND
FILED

04 MAY -4 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A98000001115		
1. Entity Name MEDICAL MALL ASSOCIATES OF MARTIN COUNTY, LTD.		
Principal Place of Business 3766 S.E. OCEAN BLVD. STUART FL 34996		Mailing Address 3766 S.E. OCEAN BLVD. STUART FL 34996
2. Principal Place of Business		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country



MOORE CR2E003 (11/03)

4. FEI Number 65-0844601	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent TAYLOR, WILLIAM F 3766 S.E. OCEAN BLVD. STUART FL 34996		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
---	--	---	--

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

9. Capital Contributions as Shown on record. \$20,500.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL DEPT OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
---	---	--

**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 # NAME STREET ADDRESS CITY-ST-ZIP	P98000031843 HASAMEL, INC. 3766 S.E. OCEAN BLVD. STUART FL 34996	STREET ADDRESS CITY-ST-ZIP	300036523743 05/17/04--01077--018 **232.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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:  **4-13-04** **772-219-0910**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE