



2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR -7 PM 2: 20

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 | 4. FEI Number 65-0844601 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| TAYLOR, WILLIAM F 3766 S.E. OCEAN BLVD. STUART, FL 34996 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| 9. Capital Contributions as Shown on record. \$20,500.00 | | 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 # | P98000031843 | | STREET ADDRESS | | |
| NAME | HASAMEL, INC. | | CITY-ST-ZIP | | |
| STREET ADDRESS | 3766 S.E. OCEAN BLVD. | | | | |
| CITY-ST-ZIP | STUART, FL 34996 | | | | |
| DOCUMENT # | | | STREET ADDRESS | | |
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| 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:  | | | Date 4/20/05 Daytime Phone # 772-219-0813 | | |



04052005 Chg-LP CR2E003 (10/03)

Applied For
Not Applicable

FL Zip Code

20054039527
05/09/05--01011--017 **232.50

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