

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Mar 08, 2006 08:00 AM**  
**Secretary of State**

**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**

**DO NOT WRITE IN THIS SPACE**



03032006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
**65-0844601**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**TAYLOR, WILLIAM F  
3766 S.E. OCEAN BLVD.  
STUART, FL 34996**

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and the fee applicable

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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**

DOCUMENT # **P98000031843**  
NAME **HASAMEL, INC.**  
STREET ADDRESS **3766 S.E. OCEAN BLVD.**  
CITY-ST-ZIP **STUART, FL 34996**

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**DO NOT WRITE  
IN THIS SPACE**

(888) 004-5872  
165/18/06 10050-014 500.00

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #