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

98 DEC 28 PM 12: 08

| 1. Name of Limited Partnership | 1a. DOCUMENT # A9800001827 | | SECRETARY OF STATE TALLAHASSEE. FLORIDA | | |
|--|---|---------------|--|---|--|
| HIALEAH I MEDICAL EQUITY INVESTORS, LTD. | | | | | |
| Mailing Address | Principal Office Address | | 3. Date Formed or Registered | 5a. Capital Contributions as Shown on record. | |
| 3801 PGA BOULEVARD. SUITE 1000 PALM BEACH GARDENS FL 33410 | 3801 PGA BOULEVARD. SUITE 1000 PALM BEACH GARDENS FL 33410 | | 07/29/1998 3a. Date of Last Report | \$1,000.00 | |
| | | | 4. State or Country of Formation | 5b. Amount of Capital Contributions in FLORIDA to date: | |
| 2. Mailing Address | 2a. Principal Office Address 222 LAKEVIEW AVE. | | ∫ FL | | |
| 222 LAKEVIEW AVE. Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 6. FEI Number | | |
| 17th FLOOR | 17th FLOOR | | • | Applied For Not Applicable | |
| City & State | City & State | | 65-0853324 | | |
| WEST PALM BEACH, FL Zip Country | Zip WEST PALM BEACH, FI | | 7. Certificate of Status Desired | \$8.75 Additional Fee Regulard | |
| 33401 | 33401 | | 8, Make check payable to: Dept. of | State (See reverse side for fee information) | |
| 0 11 12 12 12 12 12 12 12 12 12 12 12 12 | | | | | |
| 9. Name and Address of Current Registered Agent | | Name | 10. If changed, new Registered Agent/Office | | |
| JURAN, LAWRENCE B P.A. | WRENCE B P.A. | | EGSERY_CORP. | | |
| 3801 PGA BOULEVARD, SUITE 1000 | , , | | . Box Number Is Not Acceptable) LAKEVIEW AVE. | | |
| PALM BEACH GARDENS FL 33410 Suite, Apt. #, etc. | | DAKEVIEW AVE. | | | |
| | City 17 | | th_FT.OOR Zip Code | | |
| | | | PALM_BEACH | FL 33401 | |
| 10a. Pursuant to the provisions of sections 620.1051 for the purpose of changing its registered office agent. I am familier with, and accept the obligation of the purpose of changing its registered office. Regsett to the provisions of sections 620.1051 partner(s). I hereby accept the appointment of registered vice. Vice President | | | | | |
| SIGNATURE (Registered Agent Accepting Appointment)_ | By: | Sera | DATE. | 1911/18 | |
| 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 (Do NOT Use Post Office Bo | | City, State & Zip Code | 11c. Registration/ Document Number | |
| HIALEAH I MEDICAL EQUITY COR | 380K RIGAX BØDDÆVARDXXXX | | AINK BEACH GARDENS XX | CRZE003 (8/98) | |
| | 222 LAKEVIEW AVE. | | | 5003 | |
| • | 17th FLOOR | | ST PALM BEACH, FL | CRZ | |
| | | 22/01 | | | |
| | | | 33401 1 0 0 0 0 0 0 | 7417012 | |
| • | | | -01/14 | 7417012 /8901071019 | |
| | | | ****1 | 41.25 ****141.25 | |
| | | İ | | | |
| 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 eath. 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-#In-ida Statutes. | | | | | |
| SIGNATURE | - 100 m | 7 | DATE \ | 3114198 | |
| OIOI WILL | 7 | | | 17155-DM | |
| Typed or Printed Name of General Partner Signing Form | <u>Patrick J. DiSal</u> | <u> </u> | Daytime Telephone Number | 4 JUN - (MI) | |

LAWRENCE B. JURAN, P.A.

ATTORNEYS AT LAW 222 LAKEVIEW AVENUE, 17TH FLOOR WEST PALM BEACH, FLORIDA 33401

LAWRENCE B. JURAN MARK NUSSBAUM

TEL: (561) 655-9008 FAX: (561) 655-2736

December 18, 1998

Division of Corporations Attn: Registration Section P.O. Box 6327 Tallahassee, Florida 32314

Re: Hialeah I Medical Equity Investors, Ltd.

Dear Sir or Madam:

Please find enclosed herewith the 1999 Annual Report for the above-referenced limited partnership to be filed with your office, together with a check in the amount of \$141.25 payable to the Florida Department of State to cover the filing fee.

Should you require any additional information regarding the Annual Report, please feel free to call me.

Sincerely yours,

Cathy Scott Legal Assistant

Enclosures

cc:

Patrick J. DiSalvo Mark Nussbaum, Esq.