
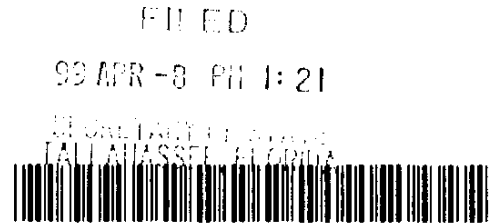


FILE ON OR BEFORE APRIL 7, 1999 TO AVOID  
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership <b>WESTON MEDICAL AND PROFESSIONAL PARK, LTD.</b>		1a. DOCUMENT # <b>A98000002231</b>	
Mailing Address <b>C/O DON GONZALEZ ESO. 9050 PINES BLVD., SUITE 450 PEMBROKE PINES FL 33024</b>		Principal Office Address <b>C/O DON GONZALEZ ESO. 9050 PINES BLVD., SUITE 450 PEMBROKE PINES FL 33024</b>	
2. Mailing Address <b>c/o Alvaro Correa</b>		2a. Principal Office Address <b>c/o Alvaro Correa</b>	
Suite, Apt. #, etc. <b>2500 Weston Road</b>		Suite, Apt. #, etc. <b>2500 Weston Road</b>	
City & State <b>Weston FL</b>		City & State <b>Weston FL</b>	
Zip Country <b>33331 USA</b>		Zip Country <b>33331 USA</b>	
3. Date Formed or Registered <b>09/24/1998</b>		5a. Capital Contributions as Shown on record <b>\$390,000.00</b>	
3a. Date of Last Report		5b. Amount of Capital Contributions in FL ORIDA to date	
4. State or Country of Formation <b>FL</b>		6. FEI Number <b>65-0870031</b>	
7. Certificate of Status Desired <input type="checkbox"/> \$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 <b>GONZALEZ, DON ESO. 9050 PINES BLVD., SUITE 450 PEMBROKE PINES FL 33024</b>		10. If changed, new Registered Agent/Office Name <b>c/o Alvaro Correa</b> Street Address (P.O. Box Number Is Not Acceptable) <b>2500 Weston Rd.</b> Suite, Apt. #, etc. City <b>Weston</b> Zip Code <b>FL 33331</b>	
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) <b>Alvaro Correa, By DON GONZALEZ P.O.A.</b> DATE <b>4-7-99</b>			
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>			
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
<b>CORREA, ALVARO, President and General Partner of Weston Medical Office Park, Inc.</b>	<b>2500 WESTON ROAD, SUI</b>	<b>WESTON FL 33331</b>	<b>000002840690--8 -04/15/99--01097--022 ****526.25 ****526.25</b>
<b>Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.</b>			
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 <b>Alvaro Correa, By DON GONZALEZ P.O.A.</b> DATE <b>4-7-99</b>			
Typed or Printed Name of General Partner Signing Form <b>ALVARO CORREA, PRESIDENT</b> Daytime Telephone Number <b>(454) 432-1699</b>			



CR2E003 (12/98)