

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**

04 MAY -3 PM 6:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # A99000001064**

1. Entity Name  
**MEDTECH AMERICA MANAGEMENT, LTD.**



Principal Place of Business  
**1503 WEST SMITH STREET  
ORLANDO, FL 32804**

Mailing Address  
**1503 WEST SMITH STREET  
ORLANDO, FL 32804**



2. Principal Place of Business  
**7512 Dr. Phillips Blvd**

3. Mailing Address  
**7512 Dr. Phillips Blvd**

Suite, Apt. #, etc.  
**Ste 50, Mail Box 514**

Suite, Apt. #, etc.  
**Ste 50, Mail Box 514**

City & State  
**Orlando, FL**

City & State  
**Orlando, FL**

Zip  
**32819**

Country  
**USA**

Zip  
**32819**

Country  
**USA**

04222004

Chg-LP

CR2E003 (10/03)

4. FEI Number  
**59-3585968**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DU PREEZ, GEORGE F  
1503 WEST SMITH STREET  
ORLANDO, FL 32804**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**7512 Dr. Phillips Blvd, Ste 50  
Orlando, FL**

City

**FL**

Zip Code  
**32819**

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 title if applicable.

DATE

9. Capital Contributions  
as Shown on record: **\$29,700.00**

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

DOCUMENT # **F99000002284**  
NAME **MEDTECH CORPORATION OF AMERICA, INC.**  
STREET ADDRESS **1503 WEST SMITH STREET**  
CITY-ST-ZIP **ORLANDO, FL 32804**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **7512 Dr. Phillips Blvd, Ste 50**  
CITY-ST-ZIP **Orlando, FL 32819**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

**100036931311**  
**05/19/04-01049-015 \*\*230.75**

DOCUMENT #  
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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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**GEORGE F. DUPREEZ  
PRESIDENT, MEDTECH**

Date: **4/10/04** Daytime Phone #

**CORPORATION OF AMERICA, INC.  
AS GENERAL PARTNER**

STAPLE CHECK HERE