2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B01000000161

1. Entity Name
KIMC INVESTMENTS, L.P.

FILED
03 OCT -8 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2909 EMBASSY DRIVE WEST PALM BEACH, FL 33401	2909 EMBASSY DRIVE WEST PALM BEACH, FL 33401

DUE BY MAY 1, 2003

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 200
City & State	City & State WEST PALM BEACH, FL
Zip / Country	Zip 33401 / Country

4. FEI Number
65-1004791
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHWARZBER, STEVEN L ESQ 2909 EMBASSY DRIVE WEST PALM BEACH, FL 33401	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
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL DEPT OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$50,000.00		

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F99000004547	STREET ADDRESS	500021522675
NAME	KANN INSTITUTE FOR MEDICAL CAREERS, INC.	CITY-ST-ZIP	01/14/03 01080 008
STREET ADDRESS	2909 EMBASSY DRIVE		437.50
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		
DOCUMENT #		STREET ADDRESS	500021522675
NAME		CITY-ST-ZIP	10/15/03-01010-009 **88.75
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STAPLE CHECK HERE

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 Deborah K Schwarzberg, Pres. Deborah K Schwarzberg, Pres. Sept 26, 03 MAY 23, 2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003 (10/02)