


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 MAY -3 PM 6:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B05000000209 1. Entity Name CHASE MEDICAL, L.P.					
Principal Place of Business 1876 FIRMAN DRIVE RICHARDSON, TX 75081		Mailing Address 1876 FIRMAN DRIVE RICHARDSON, TX 75081			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 75-2733443	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
WEBB, GLENN 300 CATHEDRAL OAKS DRIVE VERO BEACH, FL 32963 1101 US Highway 1 Sebastian, FL 32958		Name <u>same name</u> Street Address (P.O. Box Number is Not Acceptable) <u>1101 US Highway 1</u> City <u>Sebastian, FL 32958</u> FL Zip Code <u>32958</u>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,900.00		10. Amount of Capital Contributions in FLORIDA to date. \$1,900.00			
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			13. ADDRESS CHANGES ONLY		
DOCUMENT # F02000003924 NAME CMI HOLDING COMPANY, INC. STREET ADDRESS 1876 FIRMAN DRIVE CITY-ST-ZIP RICHARDSON, TX 75081			STREET ADDRESS CITY-ST-ZIP		
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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.					
By <u>CMI Holding Company Inc. General Partner</u> SIGNATURE: <u>Albert M Davis</u> 4-23-04 972-783-0644 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					

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