


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # B06000000307 1. Entity Name ARTESIA MEDICAL DEVELOPMENT COMPANY, L.P.	
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FILED

2007 MAY 18 P 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 1674 MERIDIAN AVENUE, STE. 201 MIAMI BEACH, FL 33139-2825	Mailing Address 1674 MERIDIAN AVENUE, STE. 201 MIAMI BEACH, FL 33139-2825
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2. Principal Place of Business - No P.O. Box # 21520 S. Pioneer Blvd.	3. Mailing Address
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Suite, Apt. #, etc. Suite 205	Suite, Apt. #, etc.
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City & State Hawaiian Gardens, CA	City & State
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Zip 90716	Country U.S.A.	Zip	Country
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04182007 Chg-LP CR2E003 (12/06)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MOSKOWITZ, CHERNA 1674 MERIDIAN AVENUE, STE. 201 MIAMI BEACH, FL 33139-2825
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$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 #	F06000005156	STREET ADDRESS	
NAME	AMDCO, INC.	CITY - ST - ZIP	
STREET ADDRESS	21520 S. PIONEER BLVD., #205		
CITY - ST - ZIP	HAWAIIAN GARDENS, CA 907162601		
DOCUMENT #		STREET ADDRESS	200103410872
NAME		CITY - ST - ZIP	05/29/07--01004--013 **508.75
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NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Cherna Moskowitz* Cherna Moskowitz 04/19/07 305-604-9992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE