## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

**LIMITED PARTNERSHIP ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

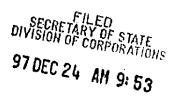
Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1. Name of Limited Partnership

**DOCUMENT #** B97000000152

JACOBSON M.S.O. - FLORIDA, L.P.





				901/7		
Malling Address	Principal Office Address			3. Date Formed or Registered	<b>5a.</b> Capital Contributions as Shown on record	
6038 WURZBACH ROAD. SUITE 360				03/18/1997	\$10.00	
SAN ANTONIO TX 78229				3a. Date of Last Report		
			-	N/A	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address 4010 Boy Scout Blvd.			4. State or Country of Formation  DE	\$10.00	
Sulte, Apt. #, etc.	Suite, Apt. #, etc. Suite 350			6. FEI Number 74-2816922	Applied For	
City & State	City & State Tampa, FL.			7. Certilicate of Status Desired	Not Applicable <b>\$8.75</b> Additional	
Zip Country	33607 Country USA				Fee Required  State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent  Name			10. If changed, new Registered Agent/Office			
C T CORPORATION SYSTEM			Street Address (P.O. Box Number is Not Acceptable)			
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Suito, Apl. #, etc. 3000023944538				
PLANTATION PL 33324				-01/08/9801099004		
		****156 <b>.7</b> *****156.25				
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) .						
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.						
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	
JACOBSON M.S.O. DELAWARE, IN	8038 WURZBACH ROAD, S		SAN ANTONIO TX 78229		F97000001376 (26/9) 50033250	
Note: General partners MAY NOT	be changed on this form	n; an ame	ndmen	t must be filed to cha	nge a general partner.	

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality 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. If unther 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 eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required y chapter 620, Florida Statute

SIGNATURE .

Typed or Printed Name of General Partner Signing Form

Norman L. Jacobson, MD

12-22-97

210-614-8450

Daytime Telephone Number