

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 31 PM 3:46



1. Name of Limited Partnership

1a. DOCUMENT #
B9700000265

COLUMBIA PRIMARY CARE MEDICAL ASSOCIATES LIMITED PARTNERSHIP

Mailing Address

**ONE PARK PLAZA
NASHVILLE TN 37203**

Principal Office Address

~~G/O CORPORATION SERVICE COMPANY~~
~~1019 CENTRE ROAD~~
~~WILMINGTON DE 19805~~

3. Date Formed or Registered

06/02/1997

5a. Capital Contributions as Shown on record

\$1,000.00

3a. Date of Last Report

5b. Amount of Capital Contributions in FLORIDA to date:

4. State or Country of Formation

DE

2. Mailing Address

PO Box 750

2a. Principal Office Address

One Park Plaza

Suite, Apt. #, etc.

Legal Dept.

Suite, Apt. #, etc.

City & State

Nashville TN

City & State

Nashville TN

Zip

37202 USA

Zip

37203 USA

6. FEI Number

62-1694189

Applied For
 Not Applicable

7. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301**

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

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)

DATE

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)

COLUMBIA PALM BEACH GP, LLC

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

ONE PARK PLAZA

11b. City, State & Zip Code

NASHVILLE TN 37203

11c. Registration/Document Number

M9700000266

800002406158--4
-01/21/98--01022--019
******158.25 ****156.25**

52.50 103.75

dec

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify 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. I further 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 oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE

John M. Franck II

DATE

12-15-97

John M. Franck II

Daytime Telephone Number

(615) 341-5881

CR2E003 (6/97)