File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

Name and Malling Address
of Limited Liability Company

2. Principal Place of Business

Suite, Apt. #, etc.

DOCUMENT #

2a. Mailing Address

Suite, Apt. #, etc.

L93000000299

C S OFFICE PARTNERSHIP, L.C. C/O ROBERTO TUCHMAN, M.D. 3200 S.W. 60TH COURT, SUITE 302 MIAMI FL 33155

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

1a. Principal Place of Business Address

09/10/1993 4. FEI Number

C/O ROBERTO TUCHMAN, M.D. 3200 S.W. 60TH COURT, SUITE MIAMI FL 33155

3. Date Organized or Qualified | 3a. State of Formation

•							El Number			Applied For			
City & State		City & Sta	City & State			65	65-0464066			Not Applicable			
Zip	Zip Country		Zip Cour		rv	5 . D	5. Date of Last Report		6. Certificate of Status Desired				
e court		1 2 7			,		- 100 10	m	\$8.75 Ad	dditional Fee	Require	d	
7. Name and Address of Current Registered Agent					8. Name and Address of New Registered Agent/Office								
					Name								
TUCHMAN, ROBERTO M.D. 3200 S.W. 60 COURT SUITE 302					Street Address (P.O. Box Number is Not Acceptable)								
MIAMI FL 33155					Suite, Apt. #, etc								
						City Zip Code							
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.													
SIGNATU	RE (Registered Agent	e required when	required when reinstaling) DATE										
10. Title	Managing Members/l	Business Street Address					City, State and Zip Code						
мем	CULLEN, ROBER	T F	3200	s.W.	60тн	COURT,	#302	IMAIM	FL				
MEM	PAPAZIAN, OSC	AR S	3200	s.w.	60тн	COURT,	#302	IMAIM	FL				
MEM	DUCHOWNY, MIC	HAEL S	3200	s.w.	60TH	COURT,	#302	IMAIM	FL				
МЕМ	DERAY, MARCEL	J	3200	s.w.	60 T H	COURT,	#302	MIAMI	FL				
мем	RESNICK, TREV	OR J	3200	s.w.	60 T H	COURT,	#302	IMAIM	FL				
MEM	ALFONSO, ISRA	EL	3200	s.w.	60TH	COURT,	#302	MIAMI	FL				
								• • • • • • • • • • • • • • • • • • •	/AL	' A PR	1 3	1998	

11. I do 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 annual report is true and accorde anothat my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver or true empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER