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Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000075284 (8)

1. Corporation Name
GH PARTNERSHIP HOLDINGS MLD, INC.



Principal Place of Business: 3627 UNIVERSITY BLVD. SOUTH STE. 840 JACKSONVILLE FL 32216

Mailing Address: 3627 UNIVERSITY BLVD. SOUTH STE. 840 JACKSONVILLE FL 32216-7433

3. Date Incorporated or Qualified: 11/01/1993

3a. Date of Last Report: 03/15/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3232803	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	29	30
24	25	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GEIGER, ALLAN T 1301 RIVERPLACE BLVD. SUITE 1500 JACKSONVILLE FL 32207	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, J B MD	1.2 NAME	
STREET ADDRESS	3627 UNIVERSITY DRIVE SOUTH ST. 840	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216	1.4 CITY-ST-ZIP	
TITLE	DP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, DAVID W MD	2.2 NAME	
STREET ADDRESS	3627 UNIVERSITY DRIVE SOUTH ST. 840	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216	2.4 CITY-ST-ZIP	
TITLE	DSTV <input type="checkbox"/> DELETE	3.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAER, DOUGLAS M MD	3.2 NAME	Baer, Douglas, M.
STREET ADDRESS	3627 UNIVERSITY DRIVE SOUTH ST. 840	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D/S/T/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Reinschmidt, Timothy, W.
STREET ADDRESS		4.3 STREET ADDRESS	3627 University Blvd., S.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Jacksonville, FL 32216
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Douglas M. Baer* DOUGLAS M. BAER 3/26/97 904-391-1205

DATE: _____ DAYTIME PHONE # _____

CR2E034 (9/96)