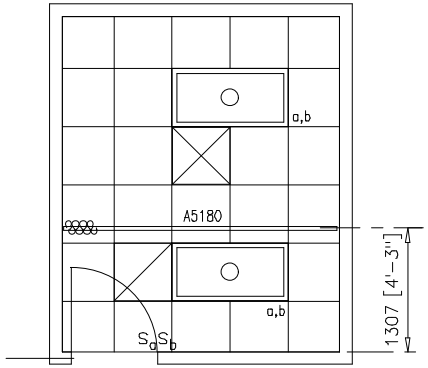

OFFICE, MEDICAL PROVIDER (NAVY) (OFD03)

PRIMARY CARE/FAMILY PRACTICE

CEILING PLAN 10.29 NSM (111 NSF)

DATE: 07/12/2001

0 1000 2000

1:50 SCALE (MILLIMETERS)