

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
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV 21 PM 1:47

1. Name of Limited Partnership	1a. DOCUMENT # A08835
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PUNTA GORDA MEDICAL INVESTORS LIMITED PARTNERSHIP

Mailing Address P.O. BOX 3480 CLEVELAND TN 37312	Principal Office Address 3570 KEITH STREET, N.W. CLEVELAND TN 37312	3. Date Formed or Registered 04/28/1980	5a. Capital Contributions as Shown on record \$200.00
		3a. Date of Last Report 10/18/1996	5b. Amount of Capital Contributions in FLORIDA to date: -0-
		4. State or Country of Formation TN	
2. Mailing Address	2a. Principal Office Address	6. FEI Number 62-1068028	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	7. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State	City & State	8. Make check payable to: Dept. of State (See reverse side for fee information)	
Zip Country	Zip Country	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 700002357427--3 Suite, Apt. #, etc. -11/26/97--01013--003 City ****156.27 ****156.27 FL
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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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
PRESTON, FOREST L DEVELOPERS INVESTMENT COMPAN	8319 MITCHELL MILL RD 3570 KEITH STREET, NW	OLTEWAH TN 37363 CLEVELAND TN 37312	F93000003365

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 BY: **Cindy S. Cross**, Assistant Secretary to Developers Investment Company, Inc., Corporate General Partner
DATE: **11/19/97**
Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number: **(423) 339-5161**

CR2E003 (6/97)

Handwritten signature and date: 11-24