

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP 23 AM 9:53



1. Name of Limited Partnership	1a. DOCUMENT # A14770
CAPE CORAL DEVELOPMENTAL CENTER, LTD.	

Mailing Address %FREDERICK J MILLS, ATTY. 1200 W PLATT ST. SUITE 100 TAMPA FL 33606	Principal Office Address %FREDERICK J MILLS, ATTY. 1200 W PLATT ST. SUITE 100 TAMPA FL 33606
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 06/24/1983	5a. Capital Contributions as Shown on record. \$1,400.00
3a. Date of Last Report 10/13/1995	5b. Amount of Capital Contributions in FLORIDA to date.
4. State or Country of Formation FL	6. FFI Number 59-2536179
7. Certificate of Status Desired <input type="checkbox"/>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
8. Make check payable to: Dept. of State (See reverse side for fee information)	<input type="checkbox"/> \$8.75 Additional Fee Required

9. Name and Address of Current Registered Agent WESTON, HOWARD %FREDERICK J MILLS, ATTY. 1200 W PLATT ST, #100 TAMPA FL 33606

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Accepted) PO BOX 1353166 -09/27/96--01053--019
Suite, Apt. #, etc. ***191.25 ***191.25
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) NATIONAL HEALTH CARE SERVICE	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1200 W PLATT ST, #100	11b. City, State & Zip Code TAMPA FL 33606	11c. Registration/Document Number F70956
			<i>OC 9-26</i>

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 _____ DATE **9/19/96**
HOWARD H WESTON
Telephone Number **704/526-9152**

CR2E003 (6/96)