

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

97 SEP 15 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership	1a. DOCUMENT # A14770
CAPE CORAL DEVELOPMENTAL CENTER, LTD. 98-AR CM	



Mailing Address	Principal Office Address
%FREDERICK J MILLS, ATTY. 1200 W PLATT ST, SUITE 100 TAMPA FL 33606	%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 09/23/1996	5b. Amount of Capital Contributions in FLORIDA to date.
4. State or Country of Formation FL	
6. FEI Number 59-2536179	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)	

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 Acceptable) _____
Suite, Apt. #, etc. _____
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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
NATIONAL HEALTH CARE SERVICE	1200 W PLATT ST, #100	TAMPA FL 33606	F70956
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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.

National Health Care Service

SIGNATURE By: Howard Weston DATE 9/11/97

Typed or Printed Name of General Partner Signing Form Howard Weston Daytime Telephone Number _____

CR2E003 (6/97)