
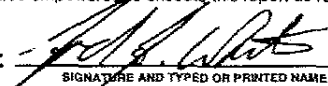


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Mar 08, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A14770</b>					
1. Entity Name CAPE CORAL DEVELOPMENTAL CENTER, LTD.					
Principal Place of Business %FREDERICK J MILLS, ATTY. 1200 W PLATT ST, SUITE 100 TAMPA, FL 33606			Mailing Address %FREDERICK J MILLS, ATTY. 1200 W PLATT ST, SUITE 100 TAMPA, FL 33606		
2. Principal Place of Business		3. Mailing Address			
Suite Apt. #, etc		Suite Apt. #, etc			
City & State		City & State		4. FCI Number 59-2536179	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WESTON, HOWARD %FREDERICK J MILLS, ATTY. 1200 W PLATT ST, #100 TAMPA, FL 33606			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent					
SIGNATURE _____ DATE _____ <small>Signature of partner, trustee, or registered agent and fee if applicable</small>					
9. Capital Contributions as Shown on record. \$1,400.00		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	F70956	STREET ADDRESS			
NAME	NATIONAL HEALTH CARE SERVICES, INC. ✓	CITY - ST - ZIP			
STREET ADDRESS	1200 W PLATT ST, #100		100000090064 03/17/04 00001 006 141.25		
CITY - ST - ZIP	TAMPA, FL 33606				
DOCUMENT #		STREET ADDRESS			
NAME		CITY - ST - ZIP			
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STREET ADDRESS					
CITY - ST - ZIP					
14. I 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: 		HOWARD H. WESTON		3/5/04 828/526-9152	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE