## 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

1. Name of Limited Partnership

1a. DOCUMENT # A15216 FILED SECRETARY OF STATE DIVISION OF CORPORATION

97 JAN - 3 PM 1:31



EVERGREEN WOODS, L	TD.				ITAKI ETRIT OTOTI OTOTI EKRIT POR
Mailing Address Principal Office Address			3. Date Formed or Registered	ered <b>5a.</b> Capital Contributions as Shown on record.	
400 W. MARKET 7030 EVERGREEN WOO 3300 PROVIDIAN CENTER SPRING HILL FL 33526 LOUISVILLE KY 40202		FRAIL	08/31/1983 3a. Dale of Last Report	\$3,436,750.00  5b. Amount of Capital Contributions in FLOHIDA to date:	
			06/10/1996		
2. Mailing Address 400 West Market Stree	t 400 West Marke	2a. Principal Office Address 400 West Market Street			
Suite, Apt. #, etc. 3300 Providian Center City & State	Suile, Apl. #, etc.  3300 Providian City & State	3300 Providian Center		Applied For Not Applicable	
Louisville, KY	Louisville, KY			\$8.75 Additional Fee Required	
Zip Country 40202 US	Zip S 40202	Country US	8. Make check payable to: Dept. c	if State (See rev	
9. Name and Address	of Current Registered Agent	10. If changed, new Registered Agent/Office			
7030 EVERGREEN WOODS TRAIL SPRING HILL FL 34608  10a. Pursuant to the provisions of sections 62	10.1051 and 620.192, Florida Statutes, the above-n	Street Address (F.O. Box Number Is Not Acceptable)  Suite, Apt. #, etc.  City  FL  Zip Code  Tamed limited partnership organized or registered under the laws of the State of Floridal submits this statement of Floridal Such change was authorized by its general partner(s). I hereby accept the appointment of registered			
agont. I am familiar with, and accept the SIGNATURE (Registered Agont Accepting Appeir	obligations of section 620, 192, Florida Statutes.  THAT IS A CORPORATION MUST BE REGISTERED A	, LIMITED F	DATE PARTNERSHIP OR OTHE	<u></u>	
11. Name(s) of General Partner(s)	Address of Each Ge (Do NOT Use Post Office	neral Partner e Box Numbers)	11b. City, State & Zip Code	11c.	Registration/ Decument Number
NATIONWIDE CARE, INC.	400 W. MARKET, 330	00 P	LOUISVILLE KY 40202	F93000000685	
•			30002 -01/14 ****5	0/5 78 /37—01 78.25	3230 166-019 ****\$76.25

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. Enclose 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 eath. 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 Dand R. Wandle

DATE 12/31/94

CR2E003 (6/96