

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

FILED

97 SEP 22 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership	1a. DOCUMENT # A17501
REGENCY HOME HEALTH ASSOCIATES, LTD. <i>98-AR CM</i>	

Mailing Address 999 WASHINGTON AVE. MIAMI FL 33139	Principal Office Address 999 WASHINGTON AVE. MIAMI FL 33139	3. Date Formed or Registered 07/20/1984	5a. Capital Contributions as Shown on record. \$67,510.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 09/30/1996	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date.
City & State	City & State	6. FEI Number 59-2425980	
Zip	Country	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)	

9. Name and Address of Current Registered Agent GALBUT, HOWARD N. 999 WASHINGTON AVE. MIAMI BEACH FL 33139	10. If changed, now Registered Agent/Office Name Street Address (P.O. Box Number (Not Applicable)) Suite, Apt. #, etc. City Zip Code
	500002302395--0 -09/24/97--01074--017 ****437.50 ****437.50 FL

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
GALBUT, RUSSELL	999 WASHINGTON AVE	MIAMI BEACH FL	
			500002302395--0 -09/24/97--01074--017 ****103.75 ****103.75

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 has 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 *Russell W. Galbut* DATE *9-4-97*
Typed or Printed Name of General Partner Signing Form *Russell W. Galbut* Daytime Telephone Number *305-372-1155*

CR2E003 (6/97)