

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV 10 AM 10:56



1. Name of Limited Partnership
1a. DOCUMENT #
A32388

PAYORS HOME CARE SYSTEMS-BROWARD/DADE, LTD.

Mailing Address 6103 JOHNS ROAD, SUITE 7 TAMPA FL 33634	Principal Office Address 6103 JOHNS ROAD, SUITE 7 TAMPA FL 33634
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc. SUITE 7	Suite, Apt. #, etc. SUITE 7
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 12/20/1991	5a. Capital Contributions as Shown on record \$259,686.00
3a. Date of Last Report 12/20/1996	5b. Amount of Capital Contributions in FLORIDA to date: \$ 45,198
4. State or Country of Formation FL	6. FEI Number 59-3097339 <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

CARLSTEDT, JAMES J.
6103 JOHNS RD.
SUITE X
TAMPA FL 33634

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
SUITE # 7
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) *James Carlstedt* 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) PAYORS HOME CARE SYSTEMS, IN	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 6103 JOHNS ROAD, SUITE # 7	11b. City, State & Zip Code TAMPA FL	11c. Registration/Document Number L42956
600002349756--7 -11/17/97--01158--013 ****420.14 ****420.14 <i>dec</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 the report as required by chapter 620, Florida Statutes.

SIGNATURE *James Carlstedt* DATE
Typed or Printed Name of General Partner Signing Form **JAMES CARLSTEDT** Daytime Telephone Number **813-885-1312**

CR2E003 (6/97)