

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
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 18 PM 12:42

1. Name of Limited Partnership DHI HOSPITALS, L.P., LIMITED PARTNERSHIP	1a. DOCUMENT # A33501
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Mailing Address 777 S. HARBOUR ISLE BLVD. STE 890 TAMPA FL 33602	Principal Office Address 777 S. HARBOUR ISLE BLVD. STE 890 TAMPA FL 33602
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3. Date Formed or Registered 10/01/1992	5a. Capital Contributions as Shown on record. \$1,802,089.00
3a. Date of Last Report 01/03/1996	5b. Amount of Capital Contributions in FLORIDA to date: 1 802 089.00

2. Mailing Address 550 N Res Street Suite, Apt. #, etc. 300 City & State Tampa FL Zip Country 33609 USA	2a. Principal Office Address 550 N Res St. Suite, Apt. #, etc. 300 City & State Tampa FL Zip Country 33609 USA
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4. State or Country of Formation DE	6. FEI Number 59-3139727 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired	<input checked="" 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 PAJOT, RICHARD J. 777 S. HARBOUR ISLAND BLVD SUITE 890 TAMPA FL 33602	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 550 N Res Street Suite, Apt. #, etc. 300 City Tampa FL Zip Code FL 33629
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np 12/26

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) *[Signature]* 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) DYNAMIC HEALTH, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 777 S. HARBOUR ISLAND	11b. City, State & Zip Code TAMPA FL	11c. Registration/Document Number P40551
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 -12/30/96--01040--011
 ****585.00 ****585.00

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.

SIGNATURE *[Signature]* DATE 11-28-96

Typed or Printed Name of General Partner Signing Form Richard J Pajot Daytime Telephone Number 813 287 5001

CRE2E003 (6/96)