FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A97000000787**

GP-AFCM

NICORE OF CLEARWATER LIMITED PARTNERSHIP

Mailing Address	Principal Office Address
~~3218 WEST PARKLAND BOULEVARD~~	~~3218 WEST PARKLAND BOULEVARD~~
~~TAMPA FL 33609-4698~~	~~TAMPA FL 33609-4698~~

3. Date Formed or Registered: 04/08/1997

3a. Date of Last Report:

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record: $100.00

5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address	**2a.** Principal Office Address
4830 W. KENNEDY BLVD.	4830 W. KENNEDY BLVD
Suite, Apt. #, etc.: SUITE 920	Suite, Apt. #, etc.: SUITE 920
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33609 Country: USA	Zip: 33609 Country: USA

6. FEI Number: 59-3435808 ☐ Applied For ☐ Not Applicable

7. Certificate of Status Desired ☐ **$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	**10.** If changed, new Registered Agent/Office
GASSMAN, ALAN S 1245 COURT STREET, SUITE 102 .CLEARWATER FL 34616	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt #, etc. 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) _____ 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
NEW LIFE HEART CENTERS OF AM m/e filed 11/24/97 to Nicore Limited Partnership	3218 WEST PARKLAND BO	TAMPA FL 33609	A97000000605 500002456735--1 -03/13/98--01073--005 ****141.25 ****141.25

CR2E003 (6/97)

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 Michael J. Kittay DATE 12-29-97

Typed or Printed Name of General Partner Signing Form MICHAEL J. KITTAY Daytime Telephone Number 813-286-7010