

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID  
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

98 APR -3 PM 4: 20



1. Name of Limited Partnership	1a. DOCUMENT # <b>B97000000349</b>
<b>HILLSIDE PATIENT FINANCING, L.P.</b>	

Mailing Address 2100 S.E. 17TH STREET, #203 OCALA FL 34471	Principal Office Address 2100 S.E. 17TH STREET, #203 OCALA FL 34471	3. Date Formed or Registered <b>07/10/1997</b>	5a. Capital Contributions as Shown on record. <b>\$500.00</b>
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc. <b>SUITE 204</b>	Suite, Apt. #, etc. <b>SUITE 204</b>	4. State or Country of Formation <b>DE</b>	6. FEI Number <b>59-3455701</b>
City & State	City & State	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)
Zip Country	Zip Country		

9. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> Zip Code
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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
<b>THE HILLSIDE GROUP, LLC</b>	<b>2100 S.E. 17TH STREET</b>	<b>OCALA FL 34471</b>	<b>M97000000418</b>
<b>400002483004--0</b> <b>-04/08/98--81081--006</b> <b>***150.00 ***150.00</b> 			

**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 \_\_\_\_\_ DATE \_\_\_\_\_

Typed or Printed Name of General Partner Signing Form WILLIAM W. CURTIS THE HILLSIDE GROUP, LLC Daytime Telephone Number (352) 401-1900

CR2E003 (12/97)