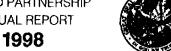
FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A05137

SECRETARY OF STATE DIVISION OF CORPORATIONS

97 OCT -6 PH 1: 04

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			13/10/	4/97	
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
% MARY H. YUMIBE 3820 STATE STREET SANTA BARBARA CA 83105	% MARY H. YUMBE 3820 State Street Santa Barbara ca 83105	3820 STATE STREET		\$812,500.00 5b. Amount of Capital Contributions in FL ORIDA to date:	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:	
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State			Applied For Not Applicable	
	A State City & State		7. Certificate of Status Desired \$8.75 Additional Fee Required		
Zip Country	Zip	Country	8. Make check payable to: Dept. of	State (See reverse side for fee information)	
			10 **		
9. Name and Address of Curre	ent Registered Agent	10. If changed, new Registered Agent/Office Name			
C T CORPORATOIN SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc.			
	,	City FL Zip Codo			
10a. Pursuant to the provisions of sections 620 1051 for the purpose of changing its registered office agont. I am familiar with, and accept the obligate SIGNATURE (Registered Agent Accepting Appointment)	or rugistered agent, or both, in the State of Florid ions of section 620.192, Florida Statutes.	limited partnership la Such change wa	s authorized by its goneral partner(s). I hen	ne State of Fiorida, submits this statement eby accept the appointment of registered	
A GENERAL PARTNER THA	T IS A CORPORATION, L	MITED PA	RTNERSHIP OR OTHE		
MU:	ST BE REGISTERED AND	ACTIVE \	WITH THIS OFFICE.		
11. Name(s) of Goneral Partner(s)	11a. (Do NOT Use Post Office Box	Numbers) 11	b. City, State & Zip Code	11c. Hegistration/ Document Number	
BROOKWOOD MED. CTR TAMPA	2901 SWANN AVENUE		TAMPA FL	500122	
			69999999999999999999999999999999999999	315126-3 /97-01083-008 4).25 ****541.25	
Note: General partners MAY NO	T be changed on this form	an amend	ment must be filed to cha	ange a general partner.	

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 Statutos.

SIGNATURE ____

Alan Lundgren, Asst. Sec'y of GP Daytime Telephone Number, 805/563-7075

Typed or Printed Name of General Partner Signing Form