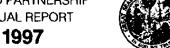
## FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

96 DEC 12 PM 4: 04



1. Name of Limited Partnership

**DOCUMENT #** A08820

BUENA VISTA REHABILITATION ASSOCIATES, LTD.

Mailing Address 2626 CORAL WAY PENTHOUSE SUITE		Principal Office Address  2628 CORAL WAY	4	M4/23/1080 Shown on record.	5a. Capital Contributions as Shown on record. \$18,750.00	
MIAMI FL 33145		PENTHOUSE SUITE MIAMI FL 33145		3a. Date of Last Report 03/21/1996		
					5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address		2a. Principal Office Address	<u>.                                    </u>	4. State or Country of Formation	to date:	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number 13-3031350	Applied For Not Applicable	
City & State		City & State			Not Applicable	
Zip Cou	Country	Zip	Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required	
	Country	Zip		8. Make check payable to: Dept. o	f State (See reverse side for fee information	

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office				
PEREZ, JORGE M.	Name				
2828 CORAL WAY	Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. 4, etc.				
PH-1 MIAMI FL 33145					
	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)

## A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. Registration/

11. Name(s) of General Partner(s)	118. (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11C. Document Number
THE RELATED COMPANIES OF FLO	2828 CORAL WAY	MIAMI FL	617998
		-12/17/	0312548 9601125009 8.75 ****278.75

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

SIGNATURE \_

Typed or Printed Name of General Partner Signing Form

ANGEL HERNANDE