## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



empowered to execute this report as required by chapter \$20, Florida Statutes.

SIGNATURE.

Typed or Printed Name of General Partner Signing Form

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

A08820

**DOCUMENT#** 

FILED 98 DEC 24 PM 2: 10 SCORETARY OF STATE TALLAHASSEE, FLORIDA

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BUENA VISTA REHABILITATION	ASSOCIATES, LTD.	79-12 PM				
Mailing Address  2828 CORAL WAY PENTHOUSE SUITE MIAMI FL 33145	Principal Office Address  L WAY 2828 CORAL WAY E SUITE PENTHOUSE SUITE		3. Date Formed or Registered     04/23/1980     3a. Date of Lest Report     12/26/1997      4. State or Co∟ntry of Formation	5a. Capital Contributions as Shown on record. \$18,750.00  5b. Amount of Capital Contributions in FLORIDA to date:		
2. Mailing Address	2a. Principal Office Address		FL			
Suite, Apt. #, etc.  City & State	Suite, Apt. #, etc.  City & State		6. FEI Number 13-3031350 7. Certificate of Status Desired	Applied For Not Applicable  \$8.75 Additional		
Zip Country	Zip Country		8. Make check payable to: Dept. of	Fee Required  State (See reverse side for fee information)		
0 %		<del></del>	40 Kahali a Dalama	1.000		
9. Name and Address of Current Ri PEREZ, JORGE M. 2828 CORAL WAY	Name Street Address (P.O. Box Number is Not Acceptable)					
PH-1 MIAMI FL 33145	Suite, Apt. #, etc.  City    Zip Code					
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		City, State & Zip Code	11c. Registration/		
THE RELATED COMPANIES OF FLO			IIAMI FL	86/89 8/98 GRZE003 (8/98)		
			300002 -01/13 ****2i	7405635 <sup>8</sup> /9901097012 28.87 ****228.87		
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-compilance 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 goats. I further certify that I am a General Partner of the limited partnership, receiver or trustee						

ANGEL HERNANDLE

VICE - PRESIDENT

Daytime Telephone Number