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

LIMITED PARTNERSHIP ANNUAL REPORT . 1997



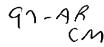
FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership 1a. DOCUMENT # A09619

6103 WEBB ROAD, LTD.



FILED

96 OCT -7 AM 11: 41

SECKETARY OF STATE TALLAHASSEE, FLORIDA



		(11)	1	
Mailing Address 2700 COLORADO AVENUE	Principal Office Address 2700 COLORADO AVENUE SANTA MONICA CA 90404 2a. Principal Office Address		3. Date Formed or Registered 11/14/1980	5a. Capital Contributions as Shown or record \$100,000.00 5b. Amount of Capital Contributions in FLORIDA to date
SANTA MONICA CA 90404			3a. Date of Last Report 10/24/1995	
2. Mailing Address c/o Mary H. Yumibe			4. State or Country of Formation	
Suite, Apt #, etc. 3820 State Street City & State	Suite, Apt. #, etc. 3820 State City & State	Street	6. FLI Number 74-2205125	Applied For Not Applicable
Santa Barbara, CA	Santa Barb		7. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip Country 93105 USA	^{Zip} 93105	Country USA	8. Make check payable to Dept. c	of State (Sec reverse side for fee information
9. Name and Address of Currer	nt Registered Agent		10. If changed, new Registere	ed Agent/Office
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Street Address (F Suite, Apt. #, etc.	O Box Number Is Not Acceptable)	FL Zip Code
10a. Pursuant to the provisions of sections 620 1051 a for the purpose of changing its registered office cagent 1 am familiar with, and accept the obligation SIGNATURE (Registered Agent Accepting Appointment) _	or registered agent, or both, in thous of section 620 192, Florida St	e State of Florida Such change was atutes TION, LIMITED PA	on authorized by its general partner(s). The DATE ARTNERSHIP OR OTHE	eby accept the appointment of registero
MUS 11. Namo(s) of General Partner(s)		Each General Partner Post Office Box Numbers) 11	WITH THIS OFFICE. b. City. State & Zip Code	11c. Registration/
LIFEMARK HOSPITALS, INC.	6001 WEBB R	****	TAMPA FL	845271
			300001 -10/19 *****	9742235 5/9601121011 5/6.25 ****576.25

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 fiting is voluntarily lumished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes. I release the Division of Colorations 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. Flurther certify that the information indicated on this annual report is true and accurate and that my signature shall have the same logal effects as if made under oath. Flurther 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.

Soo MBA

DATE Sept 26 , 1996

Scott M. Brown, Sr. VP/Sec'y for Lifemark
Typed or Printed Name of General Partner Signing Form Hospitals, Inc., General Partner

Oaylune Telephone Number 805/563-7075

CR25003 (6/96)