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

FILED
96 DEC 31 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership
St. Johns Medical Investors, LTD

1a. DOCUMENT # A16498

Mailing Address	Principal Office Address
1800 Barrs Street Suite 5747 Jacksonville, FL 32204	1800 Barrs Street Suite 5747 Jacksonville, FL 32204

3. Date Formed or Registered: 2-28-84
3a. Date of Last Report: 12-31-95
4. State or Country of Formation: Duval
5a. Capital Contributions as Shown on record: $2,088,750.00
5b. Amount of Capital Contributions in FLORIDA to date: $2,088,750.00

2. Mailing Address	**2a.** Principal Office Address
1800 Barrs Street	1800 Barrs Street
Suite, Apt. #, etc.: Suite 5747	Suite, Apt. #, etc.: Suite 5747
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32204 Country:	Zip: 32204 Country: USA

6. FEI Number: 59-2623871 ☐ Applied For ☐ Not Applicable
7. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
8. Make check payable to Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

John S. Duss, IV, Esquire
200 West Forsyth Street
Suite 1600
Jacksonville, FL 32202

10. If changed, new Registered Agent/Office

Name: 600002054926---1
Street Address (P.O. Box Number Is Not Acceptable): 01/10/97--01117--007 ****576.25 ****576.25
Suite, Apt. #, etc.:
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) _____ 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
Consolidated Health Services, Inc.	Attn: Mr. Donald Parrett 1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207	F08539

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 Donald O Parrett President DATE 12-30-96

Typed or Printed Name of General Partner Signing Form: Donald Parrett
Daytime Telephone Number: (904) 202-2292

CR2E003 (6/96)