

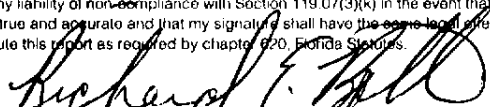


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 JAN -5 AM 8:50 #120	
1. Name of Limited Partnership WEST GABLES REAL ESTATE ASSOCIATES, LTD.		1a. DOCUMENT # A21499			
Mailing Address PO BOX 38278 TOLSON ALBUQUERQUE NM 87100-0278		Principal Office Address 800 INDIAN SCHOOL RD NE TAX DEPT. ALBUQUERQUE NM 87110		3. Date Formed or Registered 12/16/1985	
2. Mailing Address P.O. Box 380546 BIRMINGHAM, ALABAMA 35238 U.S.A.		2a. Principal Office Address ONE HEALTHSWITH PARKWAY BIRMINGHAM, ALABAMA 35243 U.S.A.		3a. Date of Last Report 01/06/1997	
Zip 35238		Zip 35243		4. State or Country of Formation FL	
Country U.S.A.		Country U.S.A.		5a. Capital Contributions as Shown on record. \$2,000,000.00	
5b. Amount of Capital Contributions in FLORIDA to date.		6. FEI Number 65-0033102		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/> \$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 C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 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) CONTINENTAL MEDICAL SYSTEMS		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 600 WILSON LANE ONE HEALTHSWITH PARKWAY		11b. City, State & Zip Code MECHANICSBURG PA BIRMINGHAM AL 35243	
11c. Registration/Document Number M48794		100002408631--S -01/22/98--01057--001 ****541.25 ****541.25			
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 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 		DATE 12/30/97			
Typed or Printed Name of General Partner Signing Form RICHARD E. BRITS - VP OF THE GENERAL PARTNER		Daytime Telephone Number (205) 967-7116			

CR2E003 (6/97)