

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

FILED
 97 DEC 19 AM 8:22
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership	1a. DOCUMENT # A22899
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KENDALL THERAPY CENTER, LTD.



2/12/24

Mailing Address PO BOX 670 NASHVILLE TN 37202	Principal Office Address ONE PARK PLAZA NASHVILLE TN 37203
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3. Date Formed or Registered 07/11/1986	5a. Capital Contributions as Shown on record. \$4,010,000.00
3a. Date of Last Report 01/02/1997	5b. Amount of Capital Contributions in FLORIDA to date

2. Mailing Address PO BOX 750	2a. Principal Office Address
Suite, Apt. #, etc. Legal Dept	Suite, Apt. #, etc.
City & State Nashville TN	City & State
Zip 37202 Country USA	Zip Country

4. State or Country of Formation FL	6. FEI Number 59-2717607
7. Certificate of Status Desired <input type="checkbox"/>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, SUITE 105 TALLAHASSEE FL 32301

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
COLUMBIA HOSPITAL CORP. OF S	ONE PARK PLAZA	NASHVILLE TN 37203	S71240

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****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 <i>Dora A. Blackwood</i>	DATE 12-8-97
Typed or Printed Name of General Partner Signing Form DORA A. Blackwood	Daytime Telephone Number 615 344 2162

CR2E003 (6/97)