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

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

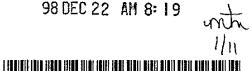
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# A23387

98 DEC 22 AM 8: 19



VOLUSIA MERIDIAN LIMITED PARTNERSHIP					
Mailing Address	Principal Office Address	3. Date Formed or Registered	5a. Capital Contributions as Shown on record.		
TAX DEPARTMENT	TAX DEPARTMENT	10/07/1986	****		

Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record,	
TAX DEPARTMENT TAX DEPARTMENT			10/07/1986	#F00.00	
148 WEST STATE STREET	148 WEST STATE STREET		3a. Date of Last Report	\$500.00	
KENNETT SQUARE PA 19348	KENNETT SQUARE PA 19348		12/22/1997	5b. Amount of Capital	
				Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:	
Tax Sept.	Tax Nept.		MD		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	51 /.	6, FEI Number	Applied For	
101 East State Street	101 East State	Street	52-1493169	Not Applicable	
City & State Vennett Surara PA	City & State Kennett Saua	ro DA	7. Certificate of Status Desired	60.75	
Zip Country	Kennett Squa	Country	F Centificate Ci States Desired	\$8.75 Additional Fee Required	
19348 <u>USA</u>	<u> 19348 _</u>	USA	8. Make check payable to: Dept. of	State (See reverse side for fee information)	
9. Name and Address of Current R	egistered Agent	<u> </u>	10. If changed, new Registerer	d Agent/Office	
CT CORPORATION SYSTEM		Name			
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Street Address (P.O. Box Number 1514 April 1910) 12739439-5,			
		Suite, Apt. #, etc.			
		City		FL Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and 6					
for the purpose of changing its registered office or reg agent. I am familiar with, and accept the obligations of		da. Such change was aud	ionzed by its general partner(s). I hereb	y accept the appointment of registered	
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SIGNATURE (Registered Agent Accepting Appointment)_

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
MERIDIAN HEALTH, INC.	148 W STATE STREET- 101 E. State Street	KENNETT SQUARE PA 19348	F93000005223
1			

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		7070		DAT	E 12/19/
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	T- (.B)-1-41)	- 01?	James V. Mckenn	VP Corn Controller	No Talant Monah -	-1010-UKIKI-103

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