


FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE

1041:25

LIMITED PARTNERSHIP ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership HEALTHCARE FACILITIES LIMITED PARTNERSHIP I		1a. DOCUMENT # A24300	
Mailing Address P.O. BOX #3318 TAMPA FL 33601		Principal Office Address P.O. BOX #3318 TAMPA FL 33601	
2. Mailing Address 13577 Feather Sound Drive Suite, Apt. #, etc. Suite 300 City & State Clearwater, FL 34622 Zip Country USA		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 MAY -6 PM 3: 14



BK 5/6/97

3. Date Formed or Registered 03/24/1987	5a. Capital Contributions as Shown on record. \$125,000.00
3a. Date of Last Report 01/03/1996	5b. Amount of Capital Contributions in FLORIDA to date:
4. State or Country of Formation LA4000002168284--0	
6. FEI Number 59-2783793	<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 BELL, ROBERT W 3800 OAK MANOR LANE BLDG 3 LARGO FL 34644		10. If changed, new Registered Agent/Office Name A.R. Neal, Esq. Street Address (P.O. Box Number is Not Acceptable) 13577 Feather Sound Drive Suite, Apt. #, etc. Suite 300 City Clearwater FL Zip Code 34622	
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) <i>A.R. Neal</i>		DATE 5/5/97	
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) EQUITY GENERAL PARTNERS, INC	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3800 OAK MANOR LANE,	11b. City, State & Zip Code LARGO FL 34644	11c. Registration/Document Number J91782
REINSTATEMENT 1997 <i>(BK)</i>			

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>A.R. Neal</i>	DATE 5/5/97
Typed or Printed Name of General Partner Signing Form <i>Equity General Partner, Inc.</i> Daytime Telephone Number <i>(813) 571-1727</i>	

By: A.R. Neal



THE UNITED STATES
CORPORATION
COMPANY

A24300

RECEIVED
97 MAY 6 PM 4:55
ACCOUNT NO. 072100000032
DIVISION OF CORPORATIONS

REFERENCE : 355598 85036A
AUTHORIZATION : Patricia Pizito
COST LIMIT : \$ 1041.25

FILED STATES
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
97 MAY - 6 PM 3:14

ORDER DATE : May 6, 1997

ORDER TIME : 10:28 AM

ORDER NO. : 355598-040

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CUSTOMER NO: 85036A

CUSTOMER: Norma Mcgrath, Legal Assistant
Jacobs Forlizzo & Neal, P.a.
Suite 300
13577 Feather Sound Drive
Clearwater, FL 34622

ANNUAL REPORT FILING

NAME: HEALTHCARE FACILITIES LIMITED
PARTNERSHIP 1

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Karen B. Rozar

EXAMINER'S INITIALS:

5/6/97

BK