

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

FILED

98 FEB -2 AM 9: 32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #  
**A24300**

**HEALTHCARE FACILITIES LIMITED PARTNERSHIP I**

48-AP  
CM



Mailing Address

Principal Office Address

13577 FEATHER SOUND DRIVE, SUITE 300  
CLEARWATER FL 34622

P.O. BOX #3318  
TAMPA FL 33601

3. Date Formed or Registered

03/24/1987

5a. Capital Contributions as Shown on record

\$125,000.00

3a. Date of Last Report

05/06/1997

5b. Amount of Capital Contributions in FLORIDA to date

4. State or Country of Formation

LA

2. Mailing Address

2a. Principal Office Address

6000 Lake Forrest Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

City & State

City & State

Atlanta GA

Zip

Country

Zip

Country

30328

6. FEI Number

59-2783793

☐ 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

NEAL, A R ESQ.

13577 FEATHER SOUND DRIVE, SUITE 300  
CLEARWATER FL 34622

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

5000 2426335--7

Suite, Apt. #, etc.

02/10/98 01026-012

\*\*\*\*526.25 \*\*\*\*526.25

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

EQUITY GENERAL PARTNERS, INC

3600 OAK MANOR LANE,

LARGO FL 34644

J91782

**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

1-26-98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

404-255-7300

CR2E003 (6/97)