

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

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 MAY -6 PM 3: 00

1. Name of Limited Partnership
SUNCOAST NURSING HOME LTD.

1a. DOCUMENT #
A26511



BK 5/6/97

Mailing Address
P.O. BOX 3318
TAMPA FL 33601

Principal Office Address
P.O. BOX 3318
TAMPA FL 33601

3. Date Formed or Registered
06/02/1988

5a. Capital Contributions as Shown on record.
\$420,525.00

3a. Date of Last Report
01/03/1996

5b. Amount of Capital Contributions in FLORIDA
168300--8

4. State of Incorporation
FL

2. Mailing Address
13577 Feather Sound Dr.
Suite, Apt. #, etc.
Suite 300
City & State
Clearwater, FL 34622
Zip
Country USA

2a. Principal Office Address
Suite, Apt. #, etc.
City & State
Zip
Country

6. FEI Number
59-2890055

7. Certificate of Status Desired
☐ Applied For
☐ Not Applicable

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 SR.
3600 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)

A. R. Neal

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
EQUITY GEN. PARTNER, INC.	3600 OAK MANOR LANE,	LARGO FL 34644	J91782

REINSTATEMENT 1997

BK

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

A. R. Neal

DATE **5/5/97**

Typed or Printed Name of General Partner Signing Form **Equity General Partner, Inc.**

Daytime Telephone Number **(813) 571-1727**

by: A. R. Neal



A26511

RECEIVED

97 MAY -6 PM 1:52

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
97 MAY -6 PM 3:00

ACCOUNT NO. : 07210000032

REFERENCE : 355598 85036A

AUTHORIZATION :

COST LIMIT : \$ 1041.25

ORDER DATE : May 6, 1997

ORDER TIME : 10:27 AM

ORDER NO. : 355598-030

CUSTOMER NO: 85036A

000002168300--B

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

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
97 MAY -6 PM 3:00

ANNUAL REPORT FILING

NAME: SUNCOAST NURSING HOME LTD.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XXX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Karen B. Rozar

EXAMINER'S INITIALS:

5/6/97
BK