

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: 09

1. Name of Limited Partnership

1a. DOCUMENT #
A26574

VICTORIA MARTIN NURSING HOME LTD.

Mailing Address

P.O. BOX 3318
TAMPA FL 33601

Principal Office Address

P.O. BOX 3318
TAMPA FL 33601

3. Date Formed or Registered

06/15/1988

5a. Capital Contributions as
Shown on record.

\$125,375.00

3a. Date of Last Report

01/03/1996

5b. Amount of Capital
Contributions in FLORIDA
to date:

4. State or Country of Formation

FL000002168280--2

2. Mailing Address

13577 Feather Sound Dr.

2a. Principal Office Address

Suite, Apt. #, etc.
Suite 300

Suite, Apt. #, etc.

City & State

Clearwater, FL 34622

City & State

Zip

Country

USA

Zip

Country

6. FEI Number

59-2892048

☐ 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

BELL, ROBERT W
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 300

City

Clearwater,

Zip Code

FL 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)

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 GENERAL PARTNER, INC.

3600 OAK MANOR LANE,

LARGO FL

J91782

REINSTATEMENT 1997
(3K)

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

5/5/97

Typed or Printed Name of General Partner Signing Form

Equity General Partner, Inc.
by: A.R. Neal

Daytime Telephone Number

(813) 571-1727

0002681



A26574

RECEIVED

MAY -6 11 1-3

DIVISION OF CORPORATION

ACCOUNT NO. : 072100000032

REFERENCE : 355598 85036A

AUTHORIZATION :

COST LIMIT :

\$ 1041.25

Patricia Pizito

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 MAY -6 PM 3:09

ORDER DATE : May 6, 1997

ORDER TIME : 10:30 AM

ORDER NO. : 355598-050

CUSTOMER NO: 85036A

000002168280--2

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

ANNUAL REPORT FILING

NAME: VICTORIA MARTIN NURSING HOME,
LTD.

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