

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 APR -3 AM 9:26

1. Name of Limited Partnership CUMBERLAND HEALTHCARE, L. P. I-A, LTD.	1a. DOCUMENT # A28218
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Mailing Address %RJ HEALTH PROPERTIES, INC. 880 CARILLON PARKWAY ST. PETERSBURG FL 33716		Principal Office Address %RJ HEALTH PROPERTIES, INC. 880 CARILLON PARKWAY ST. PETERSBURG FL 33716		3. Date Formed or Registered 04/17/1989	5a. Capital Contributions as Shown on record. \$0.00
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 12/24/1996	5b. Amount of Capital Contributions in FLORIDA to date:
				4. State or Country of Formation DE	6. FEI Number 59-2660778
				7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				8. Make check payable to: Dept. of State (See reverse side for fee information)	\$8.75 Additional Fee Required

9. Name and Address of Current Registered Agent RJ HEALTH PROPERTIES, INC. 880 CARILLON PARKWAY ST. PETERSBURG FL 33716	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) MEDICAL INVESTMENTS PTNR	11a. Address of Each General Partner (Do NOT Use Post Office Box Number) 880 CARILLON PARKWAY	11b. City, State & Zip Code ST. PETERSBURG FL	11c. Registration/Document Number 692064000038 698091000121 600002481606--2 -04/07/98--01083--012 ***141.25 ***141.25
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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 *J. Davenport Mosby, III*

DATE February 3, 1998

Typed or Printed Name of General Partner Signing Form

J. Davenport Mosby, III

Daytime Telephone Number

813-573-3800

CR2E003 (12/97)