


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>
<b>1. Name of Limited Partnership</b>  CUMBERLAND HEALTHCARE, L. P. I-A, LTD.		<b>1a. DOCUMENT #</b> <b>A28218</b>
<b>Mailing Address</b>  %RJ HEALTH PROPERTIES, INC. 880 CARILLON PARKWAY ST. PETERSBURG FL 33716	<b>Principal Office Address</b>  %RJ HEALTH PROPERTIES, INC. 880 CARILLON PARKWAY ST. PETERSBURG FL 33716	
<b>2. Mailing Address</b>	<b>2a. Principal Office Address</b>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Country



<b>3. Date Formed or Registered</b>  04/17/1989	<b>5a. Capital Contributions as Shown on record</b>  \$0.00
<b>3a. Date of Last Report</b>  04/03/1998	<b>5b. Amount of Capital Contributions in FLORIDA to date</b>
<b>4. State or Country of Formation</b>  DE	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>6. FEI Number</b>  59-2660778	<input type="checkbox"/> \$8.75 Additional Fee Required
<b>7. Certificate of Status Desired</b>	
<b>8. Make check payable to Dept. of State (See reverse side for fee information)</b>	

<b>9. Name and Address of Current Registered Agent</b>  RJ HEALTH PROPERTIES, INC. 880 CARILLON PARKWAY ST. PETERSBURG FL 33716		<b>10. If changed, new Registered Agent/Office</b>  Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
<b>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). Thereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.</b>			
SIGNATURE (Registered Agent Accepting Appointment)		DATE	
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>			
<b>11. Name(s) of General Partner(s)</b>  MEDICAL INVESTMENTS PTNR	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>  880 CARILLON PARKWAY	<b>11b. City, State &amp; Zip Code</b>  ST. PETERSBURG FL	<b>11c. Registration Document Number</b>  G98091000121

**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 111

Typed or Printed Name of General Partner Signing Form

DATE December 30, 1998

Daytime Telephone Number (727) 573-3800

CR2E003 (8/98)