

1041.25
FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 MAY -6 PM 3:06

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

1. Name of Limited Partnership

1a. DOCUMENT #
A29785

OAK MANOR NURSING HOME, LTD.



BK 5/4/97

Mailing Address
P.O. BOX 3318
TAMPA FL 33601

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

3. Date Formed or Registered
03/15/1990

5a. Capital Contributions as
Shown on record.
\$100,010.00

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

4. State or Country of Formation
FL 500002168275--7

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

2. Mailing Address
13577 Feather Sound Drive

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
59-2994778

☐ 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

10. If changed, new Registered Agent/Office

BELL, ROBERT W SR.
3800 OAK MANOR LANE
BLDG 3
LARGO FL 34644

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)

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 PARTNERS, 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



THE UNITED STATES
CORPORATION
COMPANY

A29785

RECEIVED
7 MAY 1997 PM 1:53

ACCOUNT NO. : DIVISION OF CORPORATION
072100000632

REFERENCE : 355598 85036A

AUTHORIZATION : Patricia Pyzalski

COST LIMIT : \$ 1041.25

FILED
SECRETARY OF CORPORATIONS
91 MAY -6 PM 3:06

ORDER DATE : May 6, 1997

ORDER TIME : 10:29 AM

ORDER NO. : 355598-045

CUSTOMER NO: 85036A

500002168275--7

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

ANNUAL REPORT FILING

NAME: OAK MANOR 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