

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 APR -6 PM 3:45

1. Name of Limited Partnership

1a. DOCUMENT #
A30024

THE ANCLOTE PSYCHIATRIC HOSPITAL, LTD.



Mailing Address

~~201 S. BISCAYNE BLVD.~~
~~SUITE 3000~~
~~MIAMI FL 33131-9965~~

Principal Office Address

201 S. BISCAYNE BLVD.
SUITE 3000
~~MIAMI FL 33131-9965~~

3. Date Formed or Registered

05/03/1990

5a. Capital Contributions as Shown on record.

\$547,500.00

3a. Date of Last Report

03/31/1997

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

4. State or Country of Formation

FL

2. Mailing Address

555 SW 148 Ave

2a. Principal Office Address

555 SW 148 Ave

Suite, Apt. #, etc.

6

Suite, Apt. #, etc.

City & State

Sunrise, Florida

City & State

Sunrise, Florida

Zip

33325

Zip

33325

6. FEI Number

65-0195457

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

B & C CORPORATE SERVICES, INC.
201 S. BISCAYNE BLVD.
SUITE 3000
MIAMI FL 33131

10. If changed, now Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

600002488176--9

Suite, Apt. #, etc.

-04/14/98--01058--020

City

****526.25 ****526.25

FL

Zip Code

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)

GOLDSSEL/ANCLOTE, INC.

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

4627 RIVERSIDE DRIVE
555 SW 148 Ave
Sunrise, Florida
33325

11b. City, State & Zip Code

TARPON SPRINGS FL

11c. Registration/Document Number

L70152
L70152

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 *Nancy J. Ansley, V.P. Goldsel/Anclothe, Inc.*

DATE 1/21/98

Typed or Printed Name of General Partner Signing Form

NANCY J. ANSLEY, V.P.

Daytime Telephone Number

954-370-0200

CR2E003 (6/97)