

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO 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

LR
12/10

96 DEC -9 PM 3: 32

1. Name of Limited Partnership

1a. DOCUMENT #
A30546

OEOEE HEALTH CARE PARTNERS LTD.



Mailing Address
**1556 MAGUIRE RD.
OEOEE FL 34701**

Principal Office Address
**1556 MAGUIRE RD.
OEOEE FL 34701**

3. Date Formed or Registered
08/16/1990

5a. Capital Contributions as
Shown on record
\$200,000.00

3a. Date of Last Report
12/27/1995

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

4. State or Country of Formation
FL

2. Mailing Address

2a. Principal Office Address

4/a 201 S. Biscayne Blvd
Suite, Apt. #, etc
1500 Miami Center
City & State
Miami FL
Zip Country
33131 USA

4/a 201 S. Biscayne Blvd
Suite, Apt. #, etc.
1500 Miami Center
City & State
Miami FL
Zip Country
33131 USA

6. FEI Number
59-3026209 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

**FRIEDBAUER, ROGER
1600 MIAMI CENTER
MIAMI FL 33131**

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City **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)

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

11b. City, State & Zip Code

11c. Registration/
Document Number

OEOEE HEALTH CARE CENTERING.

1600 MIAMI CENTER

MIAMI FL

L53759

700002028837--2
-12/13/96--01061--005
******437.50 ****437.50**

700002028837--2
-12/13/96--01061--006
******138.75 ****138.75**

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

[Signature]
OEOEE Health Care Center, Inc., General Partner
By: Roger Friedbauer, Its President

DATE **12/3/96**

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/96)