

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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT -3 AM 11:29



1. Name of Limited Partnership

1a. DOCUMENT #
A30546

OCCOE HEALTH CARE PARTNERS LTD.

Mailing Address

C/O 201 S. BISCAYNE BLVD.
1500 MIAMI CENTER
MIAMI FL 33131

Principal Office Address

C/O 201 S. BISCAYNE BLVD.
1500 MIAMI CENTER
MIAMI FL 33131

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip Country

3. Date Formed or Registered

08/16/1990

3a. Date of Last Report

12/09/1996

4. State or Country of Formation

FL

6. FEI Number

59-3026209

7. Certificate of Status Desired

Applied For
 Not Applicable

\$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

5a. Capital Contributions as Shown on record.

\$200,000.00

5b. Amount of Capital Contributions in FL ORIDA to date:

\$200,000.00

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)

OCCOE HEALTH CARE CENTERINC.

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

1600 MIAMI CENTER

11b. City, State & Zip Code

MIAMI FL

11c. Registration/Document Number

L53759

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dec

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]
Ocoee Health Care Center, Inc.

DATE

10/1/97

Typed or Printed Name of General Partner Signing Form: By: Roger Friedbauer, VP

Daytime Telephone Number (305) 379-9104

CR2E003 (6/97)