

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

FILED
98 OCT 21 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership	1a. DOCUMENT # A30546
OCOEE HEALTH CARE PARTNERS LTD. <i>99-AR CM</i>	



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	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 08/16/1990	5a. Capital Contributions as Shown on record. \$200,000.00
3a. Date of Last Report 10/03/1997	
4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:
6. FEI Number 59-3026209	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input type="checkbox"/>	\$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
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10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number if Not Applicable) 3330 2672850-1
Suite, Apt. #, etc. -10/26/98-01112-025
City FL
Zip Code ***526.25 ***526.25

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
OCOEE HEALTH CARE CENTERINC.	1600 MIAMI CENTER	MIAMI FL	L53759

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 By: *[Signature]* **OCOEE HEALTH CARE CENTER, Inc** *President* DATE _____
 Typed or Printed Name of General Partner Signing Form General Partner Daytime Telephone Number (305) 358-6300

CR2E003 (8/98)