

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID 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**

97 APR 14 AM 11:03



1. Name of Limited Partnership	1a. DOCUMENT # A33352
COLLIER HEALTH PARK, LTD.	

Mailing Address 3003 TAMiami TRAIL NORTH NAPLES FL 33940	Principal Office Address 3003 TAMiami TRAIL NORTH NAPLES FL 33940	3. Date Formed or Registered 08/17/1992	5a. Capital Contributions as Shown on record. 2,837,064.00 <i>S.A. filed 4-14-97</i>
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 04/02/1996	5b. Amount of Capital Contributions in FLORIDA to date: \$2,837,064.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	
City & State	City & State	6. FEI Number 65-0349011	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip	Country	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 COLLIER MANAGEMENT SERVICES, INC., 3003 TAMiami TRAIL NORTH ATTN: TERRY FLORA NAPLES FL 33940	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number in City and State) 3003 TAMiami TRAIL NORTH NAPLES FL 33940 Suite, Apt. #, etc. 04/17/97-01117-002 City FL Zip Code 33940
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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
COLLIER MANAGEMENT SERVICES,	3003 TAMiami TRAIL NO	NAPLES FL	L56855 <i>OL 4-16</i>

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

Terry L. Flora **UP**

DATE

4/8/97

Typed or Printed Name of General Partner Signing Form

TERRY L. FLORA

Daytime Telephone Number

941.261.4455