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

1. Name of Limited Partnership

1a. DOCUMENT # **A33377**

PARK PLACE THERAPEUTIC CENTER II, LTD.

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA





Maring Address 301 NOMINWEST SATH AVENUE PLANTATION FL 33224 22. Upaning Academia Sath Avenue PLANTATION FL 33224 23. Date formed or High street OR/02/1992 33. Date of a set prompt 01/17/1996 4. State or Country of formation FL 2. Upaning Academia Sath Avenue FL 3. State or Country of formation FL 4. State or Country of formation FL 4. State or Country of formation FL 4. State or Country FL 4. State FB 4. State or Country FL 4. Applicable FB 4. Applicable FB 4. State or Country FB 4. Applicable FB 4. State or Country FB 4. Applicable FB 4. Applicable FB 4. State or Country FB 4. Applicable FB 4. State or Country FB 4. Applicable FB 5. Applicable FB 4. Applicable FB 6. FC Revision FB 6. FC Revis								
36. Date of Last Report OV/17/1896 15. Agriculture of Country 26. Principal Office Address F. Fin Number Subs. Apt. # ofc Subs. Apt.		301 NOWTHWEST 84TH AVENUE					Shown on record.	
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7. Conflicate of Status Desired 38.75 Accisional Print Register 7. Conflicate of Status Desired 38.75 Accisional Print Register 7. Conflicate of Status Desired 38.75 Accisional Print Register 7. Conflicate of Status Desired 38.75 Accisional Print Register 7. Conflicate of Status Desired 38.75 Accisional Print Register 7. Conflicate of Status Desired 38.75 Accisional Print Register 7. Conflicate of Status Desired 38.75 Accisional Print Register 7. Conflicate of Status Desired 38.75 Accisional Print Register 38.75 Accisional Print Register 7. Conflicate of Status Desired 38.75 Accisional Print Register 38.7	Suite, Apt. #, etc.							
20 Country 8. Make check payable to Dept. of State (See reverse side for fee information) 9. Name and Address of Corrent Registered Agent 10. If changed, new Registered Agent/Office KNIGHT, JAY L 301 NW 84TH AVENUE PLANTATION FL 33324 Size Address (P.O. Soon Number is Not Acceptable) FL Zer Code To y FL Zer Code Cay FL Zer Code To y		City & State		-	7. Certificate of Status Desired			
Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general part	Zip Country	Zip	Zip Country		Fee Required			
Name Sevent Address (P.O. Box Number is Not Acceptable)								
Sire of Address (P.O. Box Number is Not Acceptable) Sire of Address (P.O. Box Number is Not Acceptable)	Name		Name	TU. If changed, new Registered Agent/Office				
PLANTATION FL 33324 Suito, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·		Street Addres	at Address (P.C. Bax Number Is Not Acceptable)				
10a, Pursuant to the provisions of sections 670: 1051 and 670: 192. Fonces 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 at registered office or registered sizend. or corp. in the State of Florida. Such change was authorized by its general partner(s). Therefore Statutes are supported by the supported partner of the exponent of registered agent. In the formal with, and accept the exponentment of registered agent. A General Partner of the organization of section 620: 192. Florida Statutes. SIGNATURE: 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. (No NOT Use Post Office flox Numbers) 11b. City, State 6.2 pc Code 11c. Registration We1354 PARK PLACE THERAPEUTIC CENTE 301 NW 84TH AVENUE PLANTATION FL We1354 We1355 Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. 12. I do hereby certify that the information supplied with the change and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes. Telease the Division of Corporations from any liability of non-compliance with Statutes and the proper is been and caused and their hypographic space and policies and firmed by the same legal effects as if made under each I further certify that I am a General Partner of the information middled or employment to execute this report as required by final partner in the information middled or employment to execute this report as required by final partnership, receiver of ruse on the simulation of General Partner of the information middled or employment to execute this report as required by final partnership, receiver of ruse on employment to execute this report as required by final partnership, receiver of ruse on employment to execute this report as required by final partnership, receiver of r	DI ANITATIONI EL 20204		Suite, Apt. #,	Suite, Apt. #, etc.				
10g. Pursuant to the provisions of socions 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 is registered where or registered states. SIGNATURE (Registered Agent Accepting Appointment) 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. (Do NOT) Use Post Office flow Numbers) PARK PLACE THERAPEUTIC CENTE 301 NW 84TH AVENUE PLANTATION FL W61354 Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. 12. Ido heelby certify that the information supplied with the filling is soluntarily furnished and does not qualify for the exemption supplied is deemed exempt from public access. Humber overage that the information supplied is deemed exempt from public access. Humber overage that the information supplied with the information supplied in the original partners to and accurate and that my forglance slight libes the same legal effects as if made under oath. I further certify this I am a General Partner of the limited partnership, receiver or trusted employeed to exocute this report as required by inappropriated by inappropriate of the imitted partnership, receiver or trusted employeed to exocute this report as required by inappropriate and that my forglance slight libes diseased exemple for public access. I further occess. I further occ	Cit			Zip Code				
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 12. Ido 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. If writher certify that the information indicated on this annual report is true and accurate and that may significe 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 shapt 1674/Filinda Statutes. SIGNATURE DATE DATE DATE 10-8-96 Typed or Printed Name of General Partner Signing Form MARTIN M. MAY Daytime Telephone Number	PARK PLACE THERAPEUTIC CENTE	301 NW 84TH AVENUE		PLANTATION FL		V61354		
12. I do hereby certify that the information supplied with this filling 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 mysignature 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 670 funds Statutes. SIGNATURE DATE DATE Daytime Telephone Number Daytime Telephone Number	•							
	12. I do hereby certify that the information supplied with Corporations from any liability of non-compliance will this annual report is true and accurate and that my six	this filing is voluntarily furnished and does not 1 Section 119 07(3)(k) in the event that the inf gnature shall have the same legal effects as i	t qualify for the e ormation supplie	ed is deeme	stated in Section 119.07(3)(k), Florida ad exempt from public access. I furth	Statutes. I release certify that	ease the Division of the information indicated on	
	SIGNATURE	<i>J</i> v ·			DATE	10-8	-96	
	Typed or Printed Name of General Partner Signing Form	MARTIN M. MA	- Y		Daytime Telephone Number 9	54-47	15-4500	