## 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

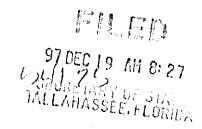
Sandra B. Mortham

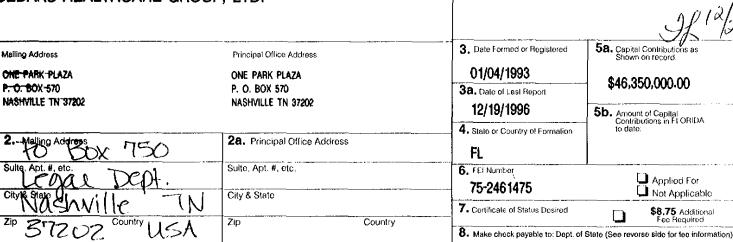
Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A930000000026

CEDARS HEALTHCARE GROUP, LTD.





9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office		
THE PRENTICE HALL CORPORATION SYSTEM, INC.	Name		
1201 HAYS STREET, SUITE 105 TALLAHASSEE FL 32301	Street Address (F.O. Box Number Is Not Acceptable)		
	Suito, Apl. #, etc.		
	City FL Zip Code		
Na. Pursuant to the provisions of sections 620 1051 and 620 192. Florida Statutes, the a	above-named limited partnership organized or registered under the laws of the State of Elerida, submits this statem		

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 Statutos.

SIGNATURE (Registered Agent Accepting Appointment) \_

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

INDOT DE REGISTENED AND ACTIVE WITH THIS OFFICE.			
11. Name(s) of General Partner(s)	Address of Each General Partner (Do NO1 Use Post Office Box Numbers)	11b. City, Stata & Zip Code	11c. Registration/ Document Number
COLUMBIA HOSPITAL CORP. OF C	ONE PARK PLAZA	NASHVILLE TN 37203	P93000000335
: •		1 -12/30.	3 356206 /\$701042001 41.25 ****\$41.25
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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. 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. Further certify that the information indicated on this annual report is true and accurate and flust my signature shall have the same legal effects as if made under eath. 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

BACKWOOD

DATE 12-8-97
Daytime Telephone Number 1015 344 2462