

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP		FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE DIVISION OF CORPORATIONS	
DOCUMENT # A9300000653		FILED 97 MAY -6 AM 11:40	
1. Name of Limited Partnership QUALITY LIFE CARE ASSOCIATES OF JACKSONVILLE LTD			
2. Mailing Address 3275 W. HILLSBORO BLVD. Suite, Apt. #, etc. SUITE 207 City & State DEERFIELD BEACH, FL Zip 33442		3. Principal Office Address 3275 WEST HILLSBORO BLVD Suite, Apt. #, etc. SUITE 207 City & State DEERFIELD BEACH FL Zip 33442	
		4. Date Formed or Registered To Do Business in Florida 06/21/1993	
		5. FEI Number 65-0417047	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>\$8.75 Additional Fee required for a Certificate of Status</small>	
		7. State or Country of Formation	
8a. Capital Contributions as Shown on Record \$40,000		FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$103.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.	
8b. Amount of Capital Contributions in FLORIDA to date			
9. Name and Address of Current Registered Agent CONSUL-MED OF JACKSONVILLE, INC 3275 WEST HILLSBORO BLVD., SUITE 207 DEERFIELD BEACH FL 33442		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. Names of General Partner(s) CONSULMED OF JACKSONVILLE	Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3275 W. HILLSBORO BLVD.	City, State and Zip Code DEERFIELD BEACH FL 33442	11a. Registration Document Number P93000034055
REINSTATEMENT			
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 Alan J. Williams MD		DATE 4/30/97	
Typed or Printed Name of General Partner Signing Form		Telephone Number	

CR2E039 (1/97)