


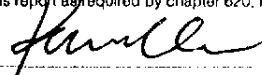


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 SEP 19 PM 3:22 	
1. Name of Limited Partnership HMS SOUTH FLORIDA LTD.		1a. DOCUMENT # A93000000948			
Mailing Address 400 SAWGRASS CORPORATE PARKWAY SUNRISE FL 33325		Principal Office Address 400 SAWGRASS CORPORATE PARKWAY SUNRISE FL 33325		3. Date Formed or Registered 09/20/1993	
				5a. Capital Contributions as Shown on record. \$100.00	
				3a. Date of Last Report 09/25/1996	
2. Mailing Address		2a. Principal Office Address		4. State or Country of Formation FL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5b. Amount of Capital Contributions in FLORIDA to date: \$100.00	
City & State		City & State		6. FEI Number 65-0472583 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip Country		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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. 100002300531-6 City -09/23/97-01019-011 ***156.25 ***156.25 FL	
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					
HMS TEXAS, INC.		400 SAWGRASS CORPORAT		SUNRISE FL 33325	
K17678 					
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 		DATE 9/17/97			
Typed or Printed Name of General Partner Signing Form KAREN CHILDRESS		Daytime Telephone Number (954) 845-9100			

CR2E003 (6/97)