
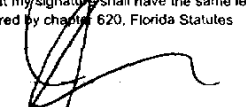


FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership DIXIE HEALTH CARE CENTERS, L.P. (LIMITED PARTNER SHIP)		1a. DOCUMENT # A93000001125	
Mailing Address 4648 BRAMBLETON AVENUE, S.W. ROANOKE VA 24018		Principal Office Address 4648 BRAMBLETON AVENUE, S.W. ROANOKE VA 24018	
2. Mailing Address 4415 Pheasant Ridge Road, SW Suite #300-303 Roanoke VA 24014		2a. Principal Office Address 4415 Pheasant Ridge Road, SW Suite #300-303 Roanoke VA 24014	
3. Date Formed or Registered 10/29/1993		5a. Capital Contributions as Shown on record \$500.00	
3a. Date of Last Report 12/09/1997		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation FL		6. FEI Number 54-1691902	
7. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		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. City	
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.		DATE 6000002781136-7 -02/19/99--01091--002 ****141.25 FL ****141.25	
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) FRAZIER-SMITH INVESTORS, LLC	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4648 BRAMBLETON AVENUE- 4415 Pheasant Ridge Rd, SW	11b. City, State & Zip Code ROANOKE VA 24018- 24014	11c. Registration/ Document Number M97000000061
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 AL FEB 16 1999	
Typed or Printed Name of General Partner Signing Form		Daytime Telephone Number	

FILED
99 FEB 16 PM 1:40



CR2E003 (12/98)