

**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 Northam**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 DEC 27 PM 1:43

# 113



1. Name of Limited Partnership

1a. DOCUMENT #  
**A94000001844**

**PREFERRED HOME HEALTH LIMITED PARTNERSHIP**

Mailing Address  
**C/O PREFERRED HOME HEALTH, INC.  
8600 WEST SUNRISE BLVD.  
PLANTATION FL 33322**

Principal Office Address  
**C/O PREFERRED HOME HEALTH, INC.  
8600 WEST SUNRISE BLVD.  
PLANTATION FL 33322**

3. Date Formed or Registered  
**12/28/1994**

5a. Capital Contributions as  
Shown on record  
**\$250.00**

3a. Date of Last Report  
**09/22/1995**

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

4. State or Country of Formation  
**FL**

6. FEI Number  
**65-0542661**

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address

**8065 Leesburg Pike  
Suite Apt. #, etc.  
Suite 400  
City & State  
Vienna, VA  
Zip Country  
22182 U.S.A.**

2a. Principal Office Address

**8065 Leesburg Pike  
Suite Apt. #, etc.  
Suite 400  
City & State  
Vienna, VA  
Zip Country  
22182 U.S.A.**

9. Name and Address of Current Registered Agent

**MAINGUY, ROBERT H  
8500 WEST SUNRISE BLVD.  
PLANTATION FL 33322**

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. Name(s) of General Partner(s)

**PREFERRED HOME HEALTH, INC.**

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

**8500 WEST SUNRISE BLV  
8065 Leesburg Pike**

11b. City, State & Zip Code

**PLANTATION FL 33322  
Vienna, VA 22182**

11c. Registration/  
Document Number

**S73891**

**200002048342--4  
-01/07/97--01102--015  
\*\*\*\*191.25 \*\*\*\*191.25**

**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

*Mildred C. Banks*

DATE **12-23-96**

Typed or Printed Name of General Partner Signing Form

**Preferred Home Health, Inc.  
By: Mildred C. Banks, Asst. Secy**

Daytime Telephone Number **703-394-2400**

CR2E003 (6/96)