



FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>		<b>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 DEC -2 AM 10:18</b>	
<b>1. Name of Limited Partnership</b>  <b>PREFERRED HOME HEALTH LIMITED PARTNERSHIP</b>		<b>1a. DOCUMENT #</b> <b>A94000001844</b>			
<b>Mailing Address</b> 1225 EYE ST., NW., SUITE 200 WASHINGTON DC 20005		<b>Principal Office Address</b> 1225 EYE ST., NW., SUITE 200 WASHINGTON DC 20005		<b>3. Date Formed or Registered</b> 12/28/1994	
<b>2. Mailing Address</b> 1873 S. BELLAIRE STREET Suite, Apt. #, etc. SUITE 1700 City & State DENVER, CO Zip Country 80222-4348		<b>2a. Principal Office Address</b> 1873 S. BELLAIRE STREET Suite, Apt. #, etc. SUITE 1700 City & State DENVER, CO Zip Country 80222-4348		<b>3a. Date of Last Report</b> 04/08/1998	
				<b>4. State or Country of Formation</b> FL	
				<b>5a. Capital Contributions as Shown on record.</b> \$250.00	
				<b>5b. Amount of Capital Contributions in FLORIDA to date:</b> \$250.00	
				<b>6. FEI Number</b> 65-0542661	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				<b>7. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	
				<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>	

<b>9. Name and Address of Current Registered Agent</b> CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		<b>10. If changed, new Registered Agent/Office</b> Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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**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.**

<b>11. Name(s) of General Partner(s)</b> PREFERRED HOME HEALTH, INC.	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b> 1225 EYE ST., NW., SU	<b>11b. City, State &amp; Zip Code</b> WASHINGTON DC 20005	<b>11c. Registration/Document Number</b> S73891
12/2/98 400002700384--3			

**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.

HEALTH, L.P.)  
 SIGNATURE BY: Cheryl E. Goldschmitt  
 ASSISTANT SECRETARY  
 Typed or Printed Name of General Partner Signing Form: CHERYL E. GOLDSCHMITT  
 DATE: 11/17/98  
 Daytime Telephone Number: (202) 216-2933

CR2E003 (8/98)