

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

97 MAY -6 PM 3: 03



1. Name of Limited Partnership

**1a. DOCUMENT #
A95000000621**

CENTRAL TAMPA NURSING HOME, LTD.

Mailing Address

**3600 OAK MANOR LANE, BUILDING 4
LARGO FL 34644**

Principal Office Address

**3600 OAK MANOR LANE, BUILDING 4
LARGO FL 34644**

3. Date Formed or Registered

04/17/1995

5a. Capital Contributions as Shown on record.

\$10.00

3a. Date of Last Report

01/03/1996

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

4. State or Country of Formation

FL 600002168286--3

2. Mailing Address

13577 Feather Sound Dr.

2a. Principal Office Address

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

City & State

Clearwater, FL 34622

City & State

Zip

Country

USA

Zip

Country

6. FEI Number

59-3330171

☐ 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)

9. Name and Address of Current Registered Agent

**BELL, ROBERT W JR.
C/O NEWCARE HEALTH CORPORATION
3600 OAK MANOR LANE, BLDG. 4
LARGO FL 34644**

10. If changed, new Registered Agent/Office

Name

A.R. Neal, Esq.

Street Address (P.O. Box Number is Not Acceptable)

13577 Feather Sound Drive

Suite, Apt. #, etc.

Suite 300

City

Clearwater

FL

Zip Code
34622

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)

A.R. Neal

DATE

5/5/97

**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)

EQUITY GENERAL PARTNER, INC.

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

3600 OAK MANOR LANE,

11b. City, State & Zip Code

LARGO FL 34644

11c. Registration/Document Number

J91782

REINSTATEMENT

1997

(MK)

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

A.R. Neal

DATE

5/5/97

Typed or Printed Name of General Partner Signing Form

Equity General Partner, Inc.

Daytime Telephone Number

(813) 571-1727

for: A.R. Neal



THE UNITED STATES
CORPORATION
COMPANY

A95000000621

RECEIVED
97 MAY -6 PM 1:53

ACCOUNT NO.

DIVISION OF CORPORATION
1000000032

REFERENCE

: 355598

85036A

AUTHORIZATION

: Patricia Pizzuto

COST LIMIT

: \$ 656.25

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATION
97 MAY -6 PM 3:03

ORDER DATE : May 6, 1997

ORDER TIME : 10:27 AM

ORDER NO. : 355598-035

CUSTOMER NO: 85036A

600002168286--3

CUSTOMER: Norma Mcgrath, Legal Assistant
Jacobs Forlizzo & Neal, P.a.
Suite 300
13577 Feather Sound Drive
Clearwater, FL 34622

ANNUAL REPORT FILING

NAME: CENTRAL TAMPA NURSING HOME,
LTD.

BK

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

5/6/97

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Karen B. Rozar

EXAMINER'S INITIALS: