

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 NOV 13 AM 9:49

mtm
11/17

1. Name of Limited Partnership

1a. DOCUMENT #
A96000001100

PSA HOME HEALTHCARE, LIMITED PARTNERSHIP

Mailing Address

6460 N.W. 5TH WAY
FT. LAUDERDALE FL 33309-6112

Principal Office Address

6460 N.W. 5TH WAY
FT. LAUDERDALE FL 33309-6112

3. Date Formed or Registered

06/11/1996

5a. Capital Contributions as
Shown on record.

\$2,040,816.33

3a. Date of Last Report

02/17/1998

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

\$2,040,816.33

4. State or Country of Formation

FL

6. FEI Number

65-0668155

☐ 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
310 Technology Parkway

2a. Principal Office Address
310 Technology Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Norcross, GA

City & State
Norcross, GA

Zip Country
30092-2929 U.S.A.

Zip Country
30092-2929 U.S.A.

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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)

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

11b. City, State & Zip Code

11c. Registration/
Document Number

PEDIATRIC PARTNERS, INC.

CHILDREN'S HEALTH CARE OF SO

310 Technology Parkway
~~3159 CAMPUS DRIVE~~

3100 S.W. 62ND AVE.

NORCROSS GA 30071

MIAMI FL 33155-3009

F96000002741

N96000002269

600002691996-3
-11/19/98--01090--022
****535.00 ****535.00

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

11/10/1998

Typed or Printed Name of General Partner Signing Form

Joseph D. Sansone, President

Daytime Telephone Number

770-441-1580

CR2E003 (8/98)