


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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 DEC 22 PM 4:11

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership		1a. DOCUMENT # A97000001041	
CONTINENCE CLINIC OF SOUTHWEST FLORIDA, LTD.			
Mailing Address 287 GEORGE RD. PORT CHARLOTTE FL 33952		Principal Office Address 2525 HARBOR BLVD., SUITE 201-A PORT CHARLOTTE FL 33949	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 287 George Rd.	
City & State		City & State Port Charlotte, FL	
Zip Country		Zip Country 33952	
3. Date Formed or Registered 05/09/1997		5a. Capital Contributions as Shown on record. \$36,000.00	
3a. Date of Last Report 01/29/1998		5b. Amount of Capital Contributions in FLORIDA to date: \$36,000.00	
4. State or Country of Formation FL		6. FEI Number 65-0776073	
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)		\$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent LORICCO, CARLO J 3005 CARING WAY, SUITE A PORT CHARLOTTE FL 33949		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number) 6500002735406--1 Suite, Apt. #, etc. -01/08/99--01099--020 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
C.C.S.F. MANAGEMENT CO., INC	287 GEORGE RD.	PORT CHARLOTTE FL 33952 33952	P97000041102
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
42. 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  CCSF Management Co., Inc. By: Jane Gregush, President		DATE 12/17/98	
Typed or Printed Name of General Partner/Signing Form		Daytime Telephone Number	

CR2E003 (8/98)