

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 APR 20 AM 11:26



1. Name of Limited Partnership **1a. DOCUMENT #**
A97000001903

INTERNATIONAL HEALTHCARE INVESTMENTS, LTD.

Mailing Address 1000 ROCK STREET NORTH SUITE 404 CLEARWATER FL 34626		Principal Office Address 2150 WHITFIELD STREET NORTH SUITE 404 CLEARWATER FL 34626		3. Date Formed or Registered 09/03/1997	5a. Capital Contributions as Shown on record. \$100.00
2. Mailing Address P.O. Box 12556		2a. Principal Office Address 2150 Whitfield Industrial Way		3a. Date of Last Report	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	5b. Amount of Capital Contributions In FLORIDA to date: \$100.00
City & State St. Petersburg, Florida		City & State Sarasota, Florida		6. FEI Number 59-3466506 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip 33733	Country USA	Zip 34243	Country USA	7. Certificate of Status Desired <input type="checkbox"/> \$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 CAPITAL CONNECTION, INC. 417 E. VIRGINIA STREET, SUITE 1 TALLAHASSEE FL 32301	10. If changed, new Registered Agent/Office Name International Development Corp. Street Address (P.O. Box Number is Not Acceptable) 2150 Whitfield Industrial Way Suite, Apt. #, etc. City Sarasota FL Zip Code 34243
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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) *James R. Kelly* 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) INTERNATIONAL DEVELOPMENT CO	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1000 ROCK STREET NOR 2150 Whitfield Industrial Way	11b. City, State & Zip Code CLEARWATER FL 34260 Sarasota, FL 34243	11c. Registration/Document Number P97000067137
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-04/24/98-01004-017
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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(2)(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 *James R. Kelly* DATE _____

CFR2E003 (12/97)