


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</b> <b>Sandra B. Matham</b> Secretary of State DIVISION OF CORPORATIONS
<b>1. Name of Limited Partnership</b>  GATOR FUND, LTD.		<b>1a. DOCUMENT #</b> <b>A98000001829</b>	
<b>Mailing Address</b> C/O ROBERT LANDRY, LANDMARK COMMODITIES 8129 REGENTS COURT UNIVERSITY PARK FL 34201		<b>Principal Office Address</b> C/O ROBERT LANDRY, LANDMARK COMMODITIES 8129 REGENTS COURT UNIVERSITY PARK FL 34201	
<b>2. Mailing Address</b>	<b>2a. Principal Office Address</b>	<b>3. Date Formed or Registered</b> 07/29/1998	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>3a. Date of Last Report</b>	
City & State	City & State	<b>4. State or Country of Formation</b> FL	
Zip	Country	<b>5a. Capital Contributions as Shown on record</b> \$5,000,000.00	
		<b>5b. Amount of Capital Contributions in FLORIDA to date:</b> - 0 -	
		<b>6. FEI Number</b> <input checked="" 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:</b> Dept. of State (See reverse side for fee information)	

FILED

99 FEB -8 AM 8:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>9. Name and Address of Current Registered Agent</b>  ICARD, MERRILL, CULLIS, ET AL ATTN: CHARLES J. BARTLETT, ESQ. 2033 MAIN STREET, SUITE 600 SARASOTA FL 34237	<b>10. If changed, new Registered Agent/Office</b> Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 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>  HEALTHCORP, INC.	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>  735 BROAD STREET, SUI	<b>11b. City, State &amp; Zip Code</b>  CHATTANOOGA TN 37402	<b>11c. Registration/ Document Number</b>  F98000004332
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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(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

DEC 19, 1998

Typed or Printed Name of General Partner Signing Form

T. FARRELL HAYES

Daytime Telephone Number

423-488-2974

CR2E003 (8/98)