APPLICATION FOR REINSTATEMENT OF LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

A98000001954

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JUN 28 PM 3:17

DOCUMENT # A98000001954

1. Name of Limited Partnership

HEIGHTS HEALTHCARE LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

4/16/99

2. Mailing Address	**3.** Principal Office Address	**4.** Date Formed or Registered To Do Business in Florida
210 S. Parsons Ave.	210 S. Parsons Ave.	
Suite, Apt. #, etc.: Ste. 12	Suite, Apt. #, etc.: Ste. 12	**5.** FEI Number: X Applied For / Not Applicable
City & State: Brandon, FL	City & State: Brandon, FL	**6.** CERTIFICATE OF STATUS DESIRED: XX (Attach Additional Fee required for a Certificate of Status)
Zip: 33511 Country: Hillsborough	Zip: 33511 Country: Hillsborough	**7.** State or Country of Formation: Florida

8a. Capital Contributions as Shown on Record: $2,250,003.00

8b. Amount of Capital Contributions in FLORIDA to date: $750,000

FEES: 1.) Filing Fee(s): Computed at a rate of $7 per $1,000 on amount entered in 8b, with a minimum filing fee of $52.50 and a maximum of $437.50, for each year due this office.
2.) Supplemental Fee(s): $88.75 for each year due this office, beginning with 1992 calendar year.
3.) Penalty Fee(s): $500 penalty fee for each year report form is delinquent.
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent	**10.** If changed, new registered agent/office
David R. Vaughan 210 S. Parsons Avenue Suite 12 Brandon, FL 33511	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: David R. Vaughn DATE: 6/25/99

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Names of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	**11a.** Registration Document Number
HEIGHTS HEALTHCARE COMPANY, L.L.C.	210 S. Parsons Ave. Suite 12	Brandon, FL 33511	M98000000905

200002921692---4
-07/01/99--01103--011
***1035.00 ***1035.00

PENALTY $500.00
AR 437.60
ARSUPP 88.75
CVS 8.75
$1,035.00

REINSTATEMENT 1999

(BK) (CVS)

CR2E039 (12/98)

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: David R. Vaughn DATE: 6/25/99

Typed or Printed Name of General Partner Signing Form: David R. Vaughan Telephone Number: 813-651-4184