


**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 28 PM 3:07

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership WASHINGTON SHORES REHAB, LTD.		1a. DOCUMENT # A98000002763	
2. Mailing Address Post Office Box 4961 Orlando, FL 32802-4961		2a. Principal Office Address 3300 South Hiawassee Road Suite 107 Orlando, Florida 32835	
Suite, Apt. #, etc. City & State Zip Country		3. Date Formed or Registered 12/14/1998 3a. Date of Last Report N/A 4. State or Country of Formation Florida	
Suite, Apt. #, etc. City & State Zip Country		5a. Capital Contributions as Shown on record. \$50.00 5b. Amount of Capital Contributions in FLORIDA to date: \$50.00	
Suite, Apt. #, etc. City & State Zip Country		6. FEI Number Applied for <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 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 B&C Corporate Services of Central Florida Inc. 390 North Orange Avenue, Suite 1100 Orlando, Florida 32801		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL 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.**

11. Name(s) of General Partner(s) WASHINGTON SHORES REHAB, INC., a Florida corporation	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3300 S. Hiawassee Rd. Suite 107	11b. City, State & Zip Code Orlando, FL 32835	11c. Registration/Document Number P98000104045
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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.

BY: WASHINGTON SHORES REHAB, INC., general partner
SIGNATURE Eric S Peisner VP DATE 12-21-98
Eric Peisner, Vice President 407-297-1600
Typed or Printed Name of General Partner Signing Form Daytime Telephone Number

CR/F003 (5/98)