


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

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 DEC 28 PM 3:07	
1. Name of Limited Partnership MERCY DRIVE REHAB, LTD.		1a. DOCUMENT # A98000002768			
Mailing Address Post Office Box 4961 Orlando, FL 32802-4961		Principal Office Address 3300 S. Hiawasse Road Suite 107 Orlando, FL 32835		3. Date Formed or Registered 12/14/1998 3a. Date of Last Report N/A 4. State or Country of Formation Florida	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address 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 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) MERCY DRIVE REHAB, INC., a Florida corporation	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3300 S. Hiawasse Rd. Suite 107	11b. City, State & Zip Code Orlando, FL 32835	11c. Registration/Document Number P98000104050 <div style="text-align: center;"> 4000002726884--2 -12/30/98-01082-005 ***141.25 ***141.25 <i>dec</i> </div>
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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: MERCY DRIVE REHAB, INC., general partner
 SIGNATURE *Eric 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