

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



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

FILED

97 FEB 17 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
B93000000166

FLORIDA SUNSHINE HEALTH CARE LIMITED PARTNERSHIP

97-AR
CM

Mailing Address

9936 FOURTH STREET NORTH
ST. PETERSBURG FL 33716

Principal Office Address

1175 FAIRVIEW DR., SUITE D
CARSON CITY NV 89701

3. Date Formed or Registered

04/12/1993

5a. Capital Contributions as
Shown on record

\$100.00

3a. Date of Last Report

02/05/1996

5b. Amount of Capital
Contributions in FLORIDA
to date

4. State or Country of Formation

NV

2. Mailing Address

9939 4th Street North

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

St. Petersburg, FL.

City & State

Zip
33702

Country
USA

Zip

Country

6. FEI Number

88-0291684

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$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

DAVIS, GERALD D ESQ.
360 CENTRAL AVE., SUITE 1500
ST. PETERSBURG FL 33701

10. If changed, new Registered Agent/Office

Name **Grayson S. Gentzel**

Street Address (P.O. Box Number is Not Acceptable)
9939 4th Street North

Suite, Apt. #, etc.
Suite D

City
St. Petersburg

FL 33702

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)

REHAB ADMINISTRATION INC.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

1280 TERMINAL WAY, SU

11b. City, State & Zip Code

RENO NV 89502

11c. Registration/
Document Number

F93000001778

600002091506--6
-02/19/97--01018--003
*****100.00 *****100.00

600002091506--6
-02/19/97--01018--004
*****56.25 *****56.25

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

[Signature] President, Sunshine Rehab, Inc.
General Partner
DATE 12/18/96
813-579-4213

CR2E003 (6/96)