1ST NOTICE: DUE ON OR BEFORE DECEMBER 31, 1994

LIMITED PARTNERSHIP ANNUAL REPORT 199~~4~~8

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 APR -3 AM 8:56

1. Name of Limited Partnership

1a. DOCUMENT # B93000000166

FLORIDA SUNSHINE HEALTH CARE LIMITED PARTNERSHIP
P

DO NOT WRITE IN THIS SPACE

Mailing Address
9936 FOURTH STREET NORTH
ST. PETERSBURG FL 33716

Principal Office Address
1175 FAIRVIEW DR., SUITE D
CARSON CITY NV 89701

If above address(es) are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

2. New Mailing Address, If Applicable: P.O. Box 790
Suite, Apt. #, etc.
City, State & Zip: Jefferson, GA 30549

2a. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City, State & Zip

3. Date Registered to Do Business in FLORIDA: 04/12/1993

3a. Date of Last Report: ~~12/16/1996~~ 2/7/97

4. State or Country of Formation: NV

5a. Capital Contributions as Shown on Record: $100.00

5b. Amount of Capital Contributions in FLORIDA to date:

6. FEI Number: 88-0291684 — Applied For / Not Applicable

7. $8.75 Additional Fee required for a Certificate of Status

8. THE BASIC ANNUAL REPORT FILING FEE IS FIGURED AT THE RATE OF $7.00 PER THOUSAND ON THE ACTUAL CAPITAL CONTRIBUTION PLUS A SUPPLEMENTAL FEE OF $138.75 PURSUANT TO s.607.193, FLORIDA STATUTES. THE FILING FEE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75). For questions concerning filing fees, please call (904) 487-6056.
Please submit your 1995 annual report with a check payable to the Secretary of State in U.S. funds through a U.S. bank.

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
Street Address (P.O. Box Number Not Acceptable) 100002483021--7
-04/08/98--01091--013
Suite, Apt. #, etc. ****141.25 ****141.25
City FL Zip Code

10a. Pursuant to the provisions of sections 620.... 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. Names of General Partner(s)	11a. Address of Each General Partner(s) (Do NOT Use Post Office Box Numbers)	11b. City and State	11c. Registration Document Number
REHAB ADMINISTRATION INC.	1280 TERMINAL WAY, SU	RENO NV	F93000001778

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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 [signature], Asst. Secretary DATE 4/2/98

Typed or Printed Name of General Partner Signing Form: Rehab Co., Inc. Daytime Telephone Number 706-367-4125

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