

**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 21 AM 10:42

1. Name of Limited Partnership

1a. DOCUMENT #
B95000000303

HARBORSIDE HOMECARE LIMITED PARTNERSHIP



012131

Mailing Address

Principal Office Address

THE BERKSHIRE GROUP
470 ATLANTIC AVENUE, SUITE 1300
BOSTON MA 02210

THE BERKSHIRE GROUP
470 ATLANTIC AVENUE, SUITE 1300
BOSTON MA 02210

3. Date Formed or Registered

08/24/1995

5a. Capital Contributions as Shown on record.

\$330.00

3a. Date of Last Report

12/09/1997

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

\$330.00

4. State or Country of Formation

MA

2. Mailing Address

One Beacon Street

2a. Principal Office Address

One Beacon Street

Suite, Apt. #, etc.

Suite 1500 Tax Dept

Suite, Apt. #, etc.

Suite 1500 Tax Dept

City & State

Boston, MA

City & State

Boston, MA

6. FEI Number

04-3276939

Applied For
 Not Applicable

7. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

02108

Zip

Country

02108

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301

10. If changed, new Registered Agent/Office

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 (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)

KH CORPORATION

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

470 ATLANTIC AVENUE,

11b. City, State & Zip Code

BOSTON MA 02210

11c. Registration/Document Number

F93000001468

3000002730529--2
-01/05/98-01053-012
****141.25 ****141.25

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

William H. Stephan, Treasurer

DATE

DEC 8 1998

Typed or Printed Name of General Partner Signing Form

William H. Stephan

Daytime Telephone Number

617-523-7722

CR2E003 (8/98)