

**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 24 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
B95000000395

HOME CARE PARTNERS LIMITED PARTNERSHIP
97-AR CM

Mailing Address

9939 4TH ST. N.
ST. PETERSBURG FL 33702

Principal Office Address

3064 SILVER SAGE DRIVE, SUITE 102
CARSON CITY NV 89701

\$194.75-FF
21.00-over

3. Date Formed or Registered

11/03/1995

5a. Capital Contributions as
Shown on record.

\$8,000.00

3a. Date of Last Report

01/02/1996

4. State or Country of Formation

NV

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

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

88-0346546

☐ 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

GENTZEL, GRAYSON S
9939 FOURTH ST N
ST PETERSBURG FL 33702

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)

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

11b. City, State & Zip Code

11c. Registration/
Document Number

HOME CARE PARTNERS MANAGEMENT

3064 SILVER SAGE DRIV

CARSON CITY NV 89701

M95000000313

400002100414--4
-02/27/97--01094--005
****215.75 ****215.75

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 20, Florida Statutes.

SIGNATURE

DATE 2/13/97

Typed or Printed Name of General Partner Signing Form

Home Care Partners Management

Daytime Telephone Number **813 572-5636**

CR2E003 (6/96)