

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. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 FEB 16 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership HEALTHTASK, LIMITED PARTNERSHIP		1a. DOCUMENT # B96000000062	
Mailing Address 3535 PIEDMONT ROAD, NE ATLANTA GA 30305		Principal Office Address 3535 PIEDMONT ROAD, NE ATLANTA GA 30305	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	

3. Date Formed or Registered 02/15/1996	5a. Capital Contributions as Shown on record \$500,000.00
3a. Date of Last Report 01/30/1998	5b. Amount of Capital Contributions in FLORIDA to date: <input checked="" type="checkbox"/>
4. State or Country of Formation DE	6. FEI Number 58-2133411 <input type="checkbox"/> Applied For <input checked="" 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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number) Suite, Apt. #, etc. City 000002781148--0 -02/19/99--01091--006 ****141. FL Zip Code ****141.25
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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) HEALTHTASK CORPORATION	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3535 PIEDMONT ROAD, N	11b. City, State & Zip Code ATLANTA GA 30305	11c. Registration/Document Number F96000000202
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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

DATE

12/9/98

Typed or Printed Name of General Partner Signing Form

Mark H. Nain

Daytime Telephone Number

404-240-3158

CR2E003 (8/98)