

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

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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<b>1. Name of Limited Partnership</b> <b>AHN PARTNERS, LIMITED PARTNERSHIP</b> <b>L.P. (PLEASE SEE ATTACHED APPLICATION FOR CORRECT CORPORATE NAME)</b>	<b>1a. DOCUMENT #</b> <b>B96000000070</b>
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<b>Mailing Address</b> <b>801 NORTHEAST 167TH STREET, SUITE 300</b> <b>NORTH MIAMI BEACH FL 19901</b>	<b>Principal Office Address</b> <b>801 NORTHEAST 167TH STREET, SUITE 300</b> <b>NORTH MIAMI BEACH FL 19901</b>
<b>2. Mailing Address</b> <b>1000 UNIVERSAL STUDIOS PLAZA</b> Suite, Apt. #, etc. <b>BUILDING 22A</b> City & State <b>ORLANDO, FL</b> Zip Country <b>32819-7610 USA</b>	<b>2a. Principal Office Address</b> <b>1000 UNIVERSAL STUDIOS PLAZA</b> Suite, Apt. #, etc. <b>BUILDING 22A</b> City & State <b>ORLANDO, FL</b> Zip Country <b>32819-7610 USA</b>

<b>3. Date Formed or Registered</b> <b>02/26/1996</b>	<b>5a. Capital Contributions as Shown on record.</b> <b>\$9,600,000.00</b>
<b>3a. Date of Last Report</b> <b>N/A</b>	<b>5b. Amount of Capital Contributions in FLORIDA to date.</b> <b>\$40,000,000.00</b>
<b>4. State or Country of Formation</b> <b>DE</b>	<b>6. FEI Number</b> <b>59-3344287</b>
<b>7. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>

<b>9. Name and Address of Current Registered Agent</b> <b>UNITED CORPORATE SERVICES, INC.</b> <b>801 NORTHEAST 167TH STREET, SUITE 300</b> <b>NORTH MIAMI BEACH FL 19901</b>	<b>10. If changed, new Registered Agent/Office</b> Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> Zip Code
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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 \_\_\_\_\_

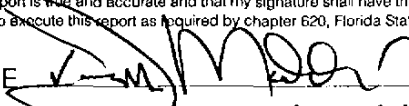
**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

<b>11. Name(s) of General Partner(s)</b> <b>AMERICA'S HEALTH NETWORK, L.L.C.</b>	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b> <b>488 MADISON AVENUE</b> <b>1000 UNIVERSAL STUDIOS PLAZA, BUILDING 22A</b>	<b>11b. City, State &amp; Zip Code</b> <b>NEW YORK NY 10022</b> <b>ORLANDO, FL 32819-7610</b>	<b>11c. Registration/Document Number</b> <b>M96000000060</b>
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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 **12/9/96**  
 Typed or Printed Name of General Partner Signing Form **JOSEPH A. MADDOX, JR.** Daytime Telephone Number **(407) 224-6800**