

**FILE FOR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 NOV 10 AM 9:57



<b>1.</b> Name of Limited Partnership	<b>1a.</b> DOCUMENT # <b>B97000000001</b>
<b>ARCON MANAGEMENT L.P.</b>	

<b>Mailing Address</b> 645 MAINSTREAM DRIVE SUITE 930 NASHVILLE TN 37228	<b>Principal Office Address</b> 545 MAINSTREAM DRIVE SUITE 330 NASHVILLE TN 37228	<b>3.</b> Date Formed or Registered 12/31/1996	<b>5a.</b> Capital Contributions as Shown on record. \$900
<b>2.</b> Mailing Address	<b>2a.</b> Principal Office Address	<b>3a.</b> Date of Last Report 06/10/1997	<b>5b.</b> Amount of Capital Contributions in FLORIDA to date  <b>NONE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>4.</b> State or Country of Formation TN	
City & State	City & State	<b>6.</b> FEI Number 62-1644057	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	<b>7.</b> Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
<b>8.</b> Make check payable to: Dept. of State (See reverse side for fee information)			

<b>9. Name and Address of Current Registered Agent</b> NRAI SERVICES, INC. 626 EAST PARK AVENUE TALLAHASSEE FL 32301	<b>10. If changed, now Registered Agent/Office</b> Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 000002346760--8 -11/13/97-01087-006 ****156.25 ****156.25
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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.**

<b>11.</b> Name(s) of General Partner(s)	<b>11a.</b> Address of Each General Partner (Do NOT Use Post Office Box Numbers)	<b>11b.</b> City, State & Zip Code	<b>11c.</b> Registration/Document Number
ARCON HEALTHCARE INC.	545 MAINSTREAM DRIVE	NASHVILLE TN 37228	F97000000001

**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 *Joe Soume* DATE *10-1-97*  
 Typed or Printed Name of General Partner Signing Form *Joe Soume* Daytime Telephone Number *615-780-0858*

CR2E003 (6/97)