
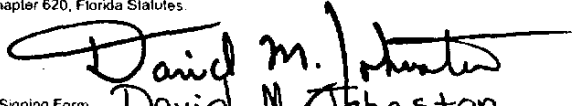


FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership EDENCARE MANAGEMENT AND ADVISORY SERVICES, L.P.		1a. DOCUMENT # B98000000148	
Mailing Address 31 NORTH MAIN STREET ALPHARETTA GA 30201		Principal Office Address 31 NORTH MAIN STREET ALPHARETTA GA 30201	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Formed or Registered 03/09/1998		5a. Capital Contributions as Shown on record \$0.00	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date 0	
4. State or Country of Formation DE		6. FEI Number 58-2319613	
7. Certificate of Status Desired <input type="checkbox"/>		8. Make check payable to Dept. of State (See reverse side for fee information) 141.25	
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 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. NIA			
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) ENDENCARE MANAGEMENT, INC.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 31 NORTH MAIN STREET	
11b. City, State & Zip Code ALPHARETTA GA 30201		11c. Registration/Document Number F98000000949	
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  Typed or Printed Name of General Partner Signing Form David M. Johnston		DATE 3/23/99 Daytime Telephone Number 770-569-0494	

FILED
99 MAR 30 PM 2: 09



CR2E003 (12/98)