

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 28 PM 2:26

DOCUMENT # A02000001407

1. Entity Name
DAYTONA CLINIC REAL ESTATE GROUP, LTD.



Principal Place of Business
1890 LPGA BOULEVARD, SUITE 260
DAYTONA BEACH, FL 32117

Mailing Address
1890 LPGA BOULEVARD, SUITE 260
DAYTONA BEACH, FL 32117



04032008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

73-3067365

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PANKRATZ, VONNA M
1890 LPGA BOULEVARD, SUITE 260
DAYTONA BEACH, FL 32117

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P02000112976
NAME DAYTONA CLINIC, INC.
STREET ADDRESS 1890 LPGA BOULEVARD, SUITE 260
CITY-ST-ZIP DAYTONA BEACH, FL 32117

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CITY-ST-ZIP

600130896636
06/05/08--01006--013 **\$50.00

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Pamela Calhoun

Pamela Calhoun

4-28-08

386-274-5111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #