


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**May 14, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A08835**

1. Entity Name  
**PUNTA GORDA MEDICAL INVESTORS LIMITED PARTNERSHIP**



Principal Place of Business  
**3570 KEITH STREET, N.W.  
 CLEVELAND, TN 37312**

Mailing Address  
**P.O. BOX 3480  
 CLEVELAND, TN 37312**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country



01202004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**62-1068028**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record **\$2,063.00**

10. Amount of Capital Contributions in FLORIDA to date

DATE

**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 # NAME STREET ADDRESS CITY, ST, ZIP	<b>PRESTON, FOREST L 3570 KEITH STREET, N.W. CLEVELAND, TN 37312</b>
DOCUMENT # NAME STREET ADDRESS CITY, ST, ZIP	<b>F93000003365 DEVELOPERS INVESTMENT COMPANY, INC. 3570 KEITH STREET, NW CLEVELAND, TN 37312</b>
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY, ST, ZIP	
STREET ADDRESS CITY, ST, ZIP	<b>U00000160768 05/18/04-80001-022 141.25</b>
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Joan E. Thurmond*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4-12-04** **(423) 473-5868**  
 Date Daytime Phone #

*Joan E. Thurmond, Asst. Secretary*