


**2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By September 6, 2006**

**FILED**

**06 JUN 23 PM 3:59**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

<b>DOCUMENT # A08835</b> 1. Entity Name <b>PUNTA GORDA MEDICAL INVESTORS LIMITED PARTNERSHIP</b>	
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Principal Place of Business <b>3570 KEITH STREET, N.W. CLEVELAND, TN 37312</b>	Mailing Address <b>P.O. BOX 3480 CLEVELAND, TN 37312</b>
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**DO NOT WRITE IN THIS SPACE**



05182006 No Chg-LP CR2E003 (11/05)

4. FEI Number <b>62-1068028</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>
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<b>7. Name and Address of New Registered Agent</b>  Name <b>DO NOT WRITE IN THIS SPACE</b> Street Address (P.O. Box Number, if Applicable)  City <b>FL</b> Zip Code
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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.

**FILE NOW!!! FEE IS \$500.00  
Due by September 6, 2006**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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06/27/06--01059--011 \*\*500.00**

**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  
Punta Gorda Medical Investors Limited Partnership  
By: Developers Investment Company, Inc., Corporate General Partner

**SIGNATURE:** *Joan E. Thurmond*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**6-21-06** **(423) 473-5868**  
Date Daytime Phone #

Joan E. Thurmond, Assistant Secretary of General Partner