

**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007**

**FILED
Sep 14, 2007 08:00 A
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
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07172007 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-1068028	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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**

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

**FILE NOW!!! FEE IS \$500.00
Due by September 14, 2007**

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	PRESTON, FOREST L 3570 KEITH STREET, N.W. CLEVELAND, TN 37312
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F93000003365 DEVELOPERS INVESTMENT COMPANY, INC. 3570 KEITH STREET, NW CLEVELAND, TN 37312
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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09/14/07-80003-009 500.00

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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: By: *Joan E. Thurmond* **7/17/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #
Joan E. Thurmond, Assistant Secretary of corporate general partner