


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 21, 2008 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**



01232008 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-1068028	Applied For Not Applicable
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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**

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
After May 1, 2008, Fee will be \$900.00

000000910426
 05/06/08-80104-023 500.00

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 # 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
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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: Joan E. Thurmond **4-14-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

Joan E. Thurmond, Assistant Secretary of Corporate Manager