

2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A09419

Entity Name: NORTH RIDGE VA CENTER, LTD.

FILED
Apr 08, 2009
Secretary of State

Current Principal Place of Business:

5601 NORTH DIXIE HIGHWAY, SUITE 411
FT. LAUDERDALE, FL 33334

New Principal Place of Business:

5601 NORTH DIXIE HIGHWAY
SUITE 411
FT. LAUDERDALE, FL 33334

Current Mailing Address:

5601 NORTH DIXIE HIGHWAY, SUITE 411
FT. LAUDERDALE, FL 33334

New Mailing Address:

5601 NORTH DIXIE HIGHWAY
SUITE 411
FT. LAUDERDALE, FL 33334

FEI Number: 59-2086112

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LINCOLN, TIMOTHY C ESQ
LINCOLN ESQ. P.A.
46 N.E. 6TH ST.
MIAMI, FL 33132 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

GENERAL PARTNER INFORMATION:

Document #: 554838
Name: NORTH RIDGE MEDICAL PLAZA, INC.
Address: 5601 NORTH DIXIE HIGHWAY, SUITE 411
City-St-Zip: FT. LAUDERDALE, FL 33334

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TIMOTHY C. LINCOLN

PTD

04/08/2009

Electronic Signature of Signing General Partner

Date