

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A96000001992

**Entity Name:** PALMER MEDICAL CENTER, LTD.

**FILED**  
**Jan 12, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

7427 CURLEW ROAD  
SARASOTA, FL 342419613

**New Principal Place of Business:**

7427 CURLEW ROAD  
SARASOTA, FL 34241

**Current Mailing Address:**

7427 CURLEW ROAD  
SARASOTA, FL 342419613

**New Mailing Address:**

7427 CURLEW ROAD  
SARASOTA, FL 34241

**FEI Number:** 65-0737596

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HANKIN, LAWRENCE M  
1820 RINGLING BLVD  
SARASOTA, FL 34236 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 #:

Name: STEELE, JOHN M  
Address: 921 SOUTH BENEVA ROAD  
City-St-Zip: SARASOTA, FL 34232

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby 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: JOHN M STEELE

GP

01/12/2010

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date