

# 2011 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A97000000324

FILED  
Apr 01, 2011  
Secretary of State

**Entity Name:** PROVIDENCE OF CENTRAL FLORIDA, LTD.

**Current Principal Place of Business:**

1788 W. FAIRBANKS AVENUE  
SUITE A  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

1788 W. FAIRBANKS AVENUE  
SUITE A  
WINTER PARK, FL 32789

**New Mailing Address:**

FEI Number: 59-3426757

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FAKIH, FAISAL A MD  
1788 W. FAIRBANKS AVENUE, STE A  
WINTER PARK, FL 32789 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 #: P97000011180  
Name: PCF OF CENTRAL FLORIDA, INC.  
Address: 1788 W. FAIRBANKS AVENUE, STE. A  
City-St-Zip: WINTER PARK, FL 32789

**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: PCF OF CENTRAL FLORIDA, INC.

GP

04/01/2011

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

\_\_\_\_\_  
Date