

**2015 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A97000000324

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number: 59-3426757**

**Certificate of Status Desired: No**

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

FAKIH, FAISAL AMD  
1788 W. FAIRBANKS AVENUE, STE A  
WINTER PARK, FL 32789 US

*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 Detail :**

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

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: FAISAL A. FAKIH, MD**

**PRESIDENT**

**03/18/2015**

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

\_\_\_\_\_  
Date