

**2014 FOREIGN LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B13000000353

**Entity Name:** OCOEE HEALTH FACILITIES, L.P.

**Current Principal Place of Business:**

5420 W. PLANO PARKWAY  
PLANO, TX 75093

**Current Mailing Address:**

5500 W PLANO PKWY SUITE 210  
PLANO, TX 75093

**FEI Number: 46-4309553**

**Certificate of Status Desired: No**

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

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 #

Name OCOEE HEALTH FACILITIES GP, LLC

Address 5500 W PLANO PKWY SUITE 210

City-State-Zip: PLANO TX 75093

*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: ROBERT J. RIEK**

**MANAGER OCOEE  
HEALTH FACILITIES GP,  
LLC**

**04/03/2014**

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

\_\_\_\_\_ Date