

2015 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

01/08/2015

_____ Electronic Signature of Signing General Partner Detail

_____ Date