
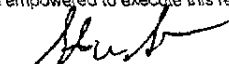


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # A00000001629					
1. Entity Name FIVE POINTS HEALTH CARE, LTD.					
Principal Place of Business 1900 AMELIA TRACE CT. STE. 200 FERNADINA BEACH, FL 32034			Mailing Address 1900 AMELIA TRACE CT. STE. 200 FERNADINA BEACH, FL 32034		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3686144	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HEALTH CARE MANAGERS, INC. 1900 AMELIA TRACE CT. STE. 200 FERNANDINA BEACH, FL 32034			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> DATE _____					
9. Capital Contributions as Shown on record. \$495,000.00		10. Amount of Capital Contributions in FLORIDA to date. 495,000.00		526.25	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P00000101309 FIVE POINTS MANAGERS, INC. 1900 AMELIA TRACE CT., STE. 200 FERNADINA BEACH, FL 32034		STREET ADDRESS CITY-ST-ZIP	000000363739 05/06/05-80011-009 526.25	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Steven W. Sell		
			Date 4/28/05 904-321-1909		

STAPLE CHECK HERE