

2006 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A00000001629

FILED
Apr 04, 2006
Secretary of State

Entity Name: FIVE POINTS HEALTH CARE, LTD.

Current Principal Place of Business:

1900 AMELIA TRACE CT.
STE. 200
FERNADINA BEACH, FL 32034

New Principal Place of Business:

402 CENTRE STREET
SUITE G
FERNADINA BEACH, FL 32034

Current Mailing Address:

1900 AMELIA TRACE CT.
STE. 200
FERNADINA BEACH, FL 32034

New Mailing Address:

P.O. BOX 687
FERNADINA BEACH, FL 32035 US

FEI Number: 59-3686144

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEALTH CARE MANAGERS, INC.
1900 AMELIA TRACE CT.
STE. 200
FERNANDINA BEACH, FL 32034 US

Name and Address of New Registered Agent:

HEALTH CARE MANAGERS, INC.
402 CENTRE STREET
SUITE G
FERNANDINA BEACH, FL 32034 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: STEVEN W. SELL

04/04/2006

Electronic Signature of Registered Agent

Date

GENERAL PARTNER INFORMATION:

Document #: P00000101309
Name: FIVE POINTS MANAGERS, INC.
Address: 1900 AMELIA TRACE CT., STE. 200
City-St-Zip: FERNADINA BEACH, FL 32034

ADDRESS CHANGES ONLY:

Address: 402 CENTRE STREET, SUITE G
City-St-Zip: FERNADINA BEACH, FL 32034 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: STEVEN W. SELL

PRES

04/04/2006

Electronic Signature of Signing General Partner

Date