

# **2008 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A00000001629

**Entity Name:** FIVE POINTS HEALTH CARE, LTD.

**FILED**  
**Apr 25, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

402 CENTRE STREET  
SUITE G  
FERNADINA BEACH, FL 32034

**Current Mailing Address:**

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

**New Principal Place of Business:**

2380 SADLER ROAD  
SUITE 201  
FERNADINA BEACH, FL 32034

**New Mailing Address:**

P.O. BOX 15369  
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.  
402 CENTRE STREET  
SUITE G  
FERNANDINA BEACH, FL 32034 US

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

HEALTH CARE MANAGERS, INC.  
2380 SADLER ROAD  
SUITE 201  
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:

04/25/2008

Electronic Signature of Registered Agent

Date

**GENERAL PARTNER INFORMATION:**

Document #: P00000101309  
Name: FIVE POINTS MANAGERS, INC.  
Address: 402 CENTRE STREET, SUITE G  
City-St-Zip: FERNADINA BEACH, FL 32034 US

**ADDRESS CHANGES ONLY:**

Address: 2380 SADLER ROAD, SUITE 201  
City-St-Zip: FERNADINA BEACH, FL 32034 US

I hereby certify that the information supplied with this filing does not qualify 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

D

04/25/2008

Electronic Signature of Signing General Partner

Date