

# **2008 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A02000001737

**FILED**  
**Jan 09, 2008**  
**Secretary of State**

**Entity Name:** ANDREW C. FELDMAN FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

3310 BUFFALO TRAIL  
DELAND, FL 32724

**New Principal Place of Business:**

**Current Mailing Address:**

3310 BUFFALO TRAIL  
DELAND, FL 32724

**New Mailing Address:**

**FEI Number:** 52-2389590

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FELDMAN, ANDREW C D.O.  
3310 BUFFALO TRAIL  
DELAND, FL 32724 US

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

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 INFORMATION:**

Document #: P02000108397  
Name: MEDICAL PROPERTIES OF VOLUSIA COUNTY, INC.  
Address: 3310 BUFFALO TRAIL  
City-St-Zip: DELAND, FL 32724

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

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: ANDREW C FELDMAN

PRES

01/09/2008

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

\_\_\_\_\_  
Date