## 2007 LIMITED PARTNERSHIP ANNUAL REPORT

## DOCUMENT# A03000000392

Entity Name: FAMILY HEALTH MANAGEMENT, LTD.

2059 NORTH UNIVERSITY DR

SUNRISE, FL 33322

Address:

City-St-Zip:

FILED Apr 13, 2007 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
10101 NW 14TH STREET PLANTATION, FL 33322		7317 WISTERIA AVE. PARKLAND, FL 33076	3	
Current Mailing Address:		New Mailing Address	::	
10101 NW 14TH STREET PLANTATION, FL 33322	•	7317 WISTERIA AVE PLANTATION, FL 330	76	
FEI Number: 16-1657100	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of C	urrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
KRAMER, ROBERT M 4000 HOLLYWOOD BLVI HOLLYWOOD, FL 33021				
The above named entity s in the State of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or bot	
SIGNATURE:				
Electron	ic Signature of Registered Age	ent	Date	
GENERAL PARTNER INFORMATION:		ADDRESS CHANGES ONL	Υ:	
Document #: Name: MARENUS, MAF	RTIN L			

Address:

City-St-Zip:

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: MARTIN L. MARENUS MGR 04/13/2007