

2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A03000000392

FILED
Apr 12, 2009
Secretary of State

Entity Name: FAMILY HEALTH MANAGEMENT, LTD.

Current Principal Place of Business:

7317 WISTERIA AVE.
PARKLAND, FL 33076

New Principal Place of Business:

2059 N. UNIVERSITY DR.
SUNRISE, FL 33322

Current Mailing Address:

7317 WISTERIA AVE
PLANTATION, FL 33076

New Mailing Address:

2059 N. UNIVERSITY DR.
SUNRISE, FL 33322

FEI Number: 16-1657100

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KRAMER, ROBERT M
4000 HOLLYWOOD BLVD., SUITE 485 SOUTH
HOLLYWOOD, FL 33021 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 #:

Name: MARENUS, MARTIN L
Address: 2059 NORTH UNIVERSITY DR
City-St-Zip: SUNRISE, FL 33322

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: MARTIN MARENUS

GP

04/12/2009

Electronic Signature of Signing General Partner

Date