

2011 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A03000000392

FILED
Apr 19, 2011
Secretary of State

Entity Name: FAMILY HEALTH MANAGEMENT, LTD.

Current Principal Place of Business:

2059 N. UNIVERSITY DR.
SUNRISE, FL 33322

New Principal Place of Business:

Current Mailing Address:

2059 N. UNIVERSITY DR.
SUNRISE, FL 33322

New Mailing Address:

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 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

PRES

04/19/2011

Electronic Signature of Signing General Partner

Date