

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY 31 AM 9:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A05000000077

1. Entity Name
HEALTH, ENERGY & MEDICINE LIMITED PARTNERSHIP



Principal Place of Business
**4300 N.W. 81ST TERRACE
CORAL SPRINGS, FL 33065**

Mailing Address
**4300 N.W. 81ST TERRACE
CORAL SPRINGS, FL 33065**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02242006

Chg-LP

CR2E003 (11/05)

4. FEI Number

202107979

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WACHS, JEFFREY S ESQ.
1177 S.E. THIRD AVENUE
FT. LAUDERDALE, FL 33316**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME **SMITH, MARLENE H**
STREET ADDRESS **4300 N.W. 81ST TERRACE**
CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

STREET ADDRESS

CITY-ST-ZIP

600075654476
06/02/06--01003--016 **500.00

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CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

MARLENE WOLF SMITH

STAPLE CHECK HERE