

# **2008 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A05000002108

**FILED**  
**Apr 30, 2008**  
**Secretary of State**

**Entity Name:** HERNANDO HEALTHCARE LIMITED PARTNERSHIP

**Current Principal Place of Business:**

7235 BRYAN DAIRY ROAD  
LARGO, FL 33777

**New Principal Place of Business:**

**Current Mailing Address:**

7235 BRYAN DAIRY ROAD  
LARGO, FL 33777

**New Mailing Address:**

**FEI Number:** 20-3824403

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOSES, MICHAEL J  
7235 BRYAN DAIRY ROAD  
LARGO, FL 33777 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 #: 763910  
Name: HERNANDO HEALTHCARE, INC.  
Address: 7235 BRYAN DAIRY ROAD  
City-St-Zip: LARGO, FL 33777

**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: MICHAEL MOSES II

PD

04/30/2008

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

\_\_\_\_\_  
Date