

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A06000000212

**FILED**  
**May 17, 2010**  
**Secretary of State**

**Entity Name:** THE SCHOR FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

2268 GREENVIEW COVE DRIVE  
WELLINGTON, FL 334147755

**New Principal Place of Business:**

**Current Mailing Address:**

2268 GREENVIEW COVE DRIVE  
WELLINGTON, FL 334147755

**New Mailing Address:**

**FEI Number:** 20-4300911      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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

PHYSICIANS LAW CENTER, LLC  
3452 W. BOYNTON BEACH BLVD.  
BOYNTON BEACH, FL 33436 US

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

PHYSICIANS LAW CENTER, LLC  
1200 CORPORATE CENTER WAY  
200  
BOYNTON BEACH, FL 33436 US

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

05/17/2010

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: SCHOR, MARK M.D.

Address: 2268 GREENVIEW COVE DRIVE

City-St-Zip: WELLINGTON, FL 334147755

**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: MARK SCHOR

MD

05/17/2010

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

\_\_\_\_\_  
Date