

# **2007 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A06000001090

**FILED**  
**Jan 29, 2007**  
**Secretary of State**

**Entity Name:** JOANNE KEARNEY MEMORIAL WELLNESS CLINIC, LTD.

**Current Principal Place of Business:**

9625 WES KEARNEY WAY  
RIVERVIEW, FL 33569

**New Principal Place of Business:**

5115 JOANNE KEARNEY BLVD  
TAMPA, FL 33619

**Current Mailing Address:**

9625 WES KEARNEY WAY  
RIVERVIEW, FL 33569

**New Mailing Address:**

5115 JAONNE KEARNEY BLVD  
TAMPA, FL 33619

**FEI Number:** 20-5528985

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

JKMWC PARTNERS, LLC  
ATTN: JAMES REED  
9625 WES KEARNEY WAY  
RIVERVIEW, FL 33569 US

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

JKMWC PARTNERS, LLC  
ATTN: JAMES REED  
5115 JOANNE KEARNEY BLVD  
TAMPA, FL 33619 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:

01/29/2007

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: L06000090263  
Name: JKMWC PARTNERS, LLC  
Address: 9625 WES KEARNEY WAY  
City-St-Zip: RIVERVIEW, FL 33569

**ADDRESS CHANGES ONLY:**

Address: 5115 JOANNE KEARNEY BLVD  
City-St-Zip: TAMPA, FL 33619

I hereby certify that the information supplied with this filing does not qualify for the 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: JKMWC PARTNERS LLC

GP

01/29/2007

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

\_\_\_\_\_  
Date