

2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A06000001441

Entity Name: HEALTH PARK M.O.B. I, LLLP

FILED
Apr 13, 2009
Secretary of State

Current Principal Place of Business:

6450 US HIGHWAY 1
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

6450 US HIGHWAY 1
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 20-8054708

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATHIAS, DAVID E
6450 US HIGHWAY 1
ROCKLEDGE, FL 32955 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 #: L06000101549
Name: VIERA M.O.B. I, LLC
Address: 6450 US HIGHWAY 1
City-St-Zip: ROCKLEDGE, FL 32955

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: LARRY F. GARRISON

MGR

04/13/2009

Electronic Signature of Signing General Partner

Date