

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A06000001441

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

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

**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 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: DAVID E. MATHIAS

RA

02/17/2010

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

\_\_\_\_\_  
Date