

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A07000000585

Entity Name: B & B HEALTHCARE, LTD.

**FILED**  
**Jan 13, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

201 LAKEVIEW DRIVE  
GULF STREAM, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

201 LAKEVIEW DRIVE  
GULF STREAM, FL 33483

**New Mailing Address:**

FEI Number: 20-8994597

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DAVID J. POWERS, P.A.  
7777 GLADES ROAD  
SUITE 300  
BOCA RATON, FL 33434 US

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

SOUAID, ROBERT G  
201 LAKEVIEW DRIVE  
GULF STREAM, FL 33483 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: ROBERT G. SOUAID

01/13/2009

Electronic Signature of Registered Agent

Date

**GENERAL PARTNER INFORMATION:**

Document #: P07000045069  
Name: KNOB HEALTHCARE, INC.  
Address: 201 LAKEVIEW DRIVE  
City-St-Zip: GULF STREAM, FL 33483

**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: ROBERT G. SOUAID

P

01/13/2009

Electronic Signature of Signing General Partner

Date