

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A07000001081 1. Entity Name FLORIDA HEALTHCARE MANAGEMENT, LLLP					
Principal Place of Business 1556 MAGUIRE ROAD OCOEE, FL 34761			Mailing Address 1556 MAGUIRE ROAD OCOEE, FL 34761		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
01072008 Chg-LP CR2E003 (12/06)			4. FEI Number <div style="font-size: 1.2em; font-family: monospace;">30-0439825</div> <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div>		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			6. Name and Address of Current Registered Agent <div style="padding: 5px;"> RYKIEL, STEPHEN 1556 MAGUIRE ROAD OCOEE, FL 34761 </div>		
7. Name and Address of New Registered Agent <div style="padding: 5px;"> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> </div>			8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00					
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P07000102226		STREET ADDRESS		
NAME	WEST ORANGE HEALTH MANAGEMENT, INC.		CITY-ST-ZIP	<div style="font-size: 1.2em; font-family: monospace;">900115062109</div> <div style="font-size: 0.8em; font-family: monospace;">01/14/08--01052--001 **500.00</div>	
STREET ADDRESS	1556 MAGUIRE ROAD		STREET ADDRESS		
CITY-ST-ZIP	OCOEE, FL 34761		CITY-ST-ZIP		
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

1/7/08

Date

407-817-2272

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER