

2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A07000001081

FILED
Jan 08, 2009
Secretary of State

Entity Name: FLORIDA HEALTHCARE MANAGEMENT, LLLP

Current Principal Place of Business:

1556 MAGUIRE ROAD
OCOE, FL 34761

New Principal Place of Business:

Current Mailing Address:

1556 MAGUIRE ROAD
OCOE, FL 34761

New Mailing Address:

FEI Number: 30-0439825

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RYKIEL, STEPHEN
1556 MAGUIRE ROAD
OCOE, FL 34761 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 #: P07000102226
Name: WEST ORANGE HEALTH MANAGEMENT, INC.
Address: 1556 MAGUIRE ROAD
City-St-Zip: OCOE, FL 34761

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: STEPHEN RYKIEL

GP

01/08/2009

Electronic Signature of Signing General Partner

Date