


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 14 AM 11:45

| | |
|---|---|
| DOCUMENT # A07000001101 |  |
| 1. Entity Name PRESTIGE HEALTH CAPITAL PARTNERS LLLP | |

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|--|--|
| Principal Place of Business 215 MONROE ST STE 420 TALLAHASSEE, FL 32301 | Mailing Address 215 MONROE ST STE 420 TALLAHASSEE, FL 32301 |
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|--|--|
| 2. Principal Place of Business - No P.O. Box # 13221 Ponderosa Way Suite, Apt. #, etc. | 3. Mailing Address 13221 Ponderosa Way Suite, Apt. #, etc. |
|--|--|

| | |
|-------------------------------------|-------------------------------|
| City & State Fort Myers FL 33907 | City & State Fort Myers FL |
| Zip 33907 | Zip 33907 |
| Country USA | Country USA |

01072008 Chg-LP CR2E003 (12/06)

4. FEI Number
41-2252773

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

MCGINTY, A. EDWARD
 101 E KENNEDY BLVD
 STE 2800
 TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name
Brian Fox

Street Address (P.O. Box Number is Not Acceptable)
13221 Ponderosa Way

City
Fort Myers

FL Zip Code
33907

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 Brian Fox Brian Fox 4/2/08

Signature, typed or printed name of registered agent and title if applicable. DATE

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 # | FOX, BRIAN | STREET ADDRESS | |
| NAME | 505 TREMONT ST - # 204 | CITY - ST - ZIP | |
| STREET ADDRESS | BOSTON, MA 02116 | | |
| CITY - ST - ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | 200123070032 |
| NAME | | CITY - ST - ZIP | 04/11/08--01047--015 **500.00 |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
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| NAME | | CITY - ST - ZIP | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |

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: Brian Fox Brian Fox 4/2/08 239-433-0417

Signature and typed or printed name of signing general partner Date Daytime Phone #