

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A07000001101

**FILED**  
**Mar 19, 2009**  
**Secretary of State**

**Entity Name:** PRESTIGE HEALTH CAPITAL PARTNERS LLLP

**Current Principal Place of Business:**

13221 PONDEROSA WAY  
FT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

13221 PONDEROSA WAY  
FT MYERS, FL 33907

**New Mailing Address:**

**FEI Number:** 41-2252773

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FOX, BRIAN  
13221 PONDEROSA WAY  
FT MYERS, FL 33907 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 #:

Name: FOX, BRIAN

Address: 505 TREMONT ST - # 204

City-St-Zip: BOSTON, MA 02116

**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: BRIAN FOX

RA

03/19/2009

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

\_\_\_\_\_  
Date