


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

03 MAY -1 AM 11:10

DOCUMENT # A07000001229		
1. Entity Name ANESCO MEDICAL SERVICES - THH, LP		

Principal Place of Business 2799 NW BOCA RATON BLVD., SUITE 203 BOCA RATON, FL 33431	Mailing Address 2799 NW BOCA RATON BLVD., SUITE 203 BOCA RATON, FL 33431
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2. Principal Place of Business - No P.O. Box # 3601 W. COMMERCIAL BLVD	3. Mailing Address 3601 W. COMMERCIAL BLVD
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Suite, Apt. #, etc. SUITE 5	Suite, Apt. #, etc. SUITE 5
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City & State FT. LAUDERDALE FL	City & State FT. LAUDERDALE FL
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Zip 33309	Country USA	Zip 33309	Country USA
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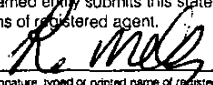
02042008 Chg-LP CR2E003 (12/06)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCIARRETTA, STEVEN A 2799 NW BOCA RATON BLVD., SUITE 203 BOCA RATON, FL 33431	
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7. Name and Address of New Registered Agent Name RICHARD MELI, M.D. Street Address (P.O. Box Number is Not Acceptable) 3601 W. COMMERCIAL BLVD SUITE 5 City FT. LAUDERDALE FL Zip Code 33309	
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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 05/01/08	
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FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

100128119221
05/01/08--01034--025 **638.75

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 # NAME STREET ADDRESS CITY - ST - ZIP	L07000110732 ANESCO MANAGEMENT COMPANY, LLC 2799 NW BOCA RATON BLVD., SUITE 203 BOCA RATON, FL 33431	STREET ADDRESS CITY - ST - ZIP	3601 W. COMMERCIAL BLVD SUITE 5 FT. LAUDERDALE FL 33309
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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:  **RICHARD MELI** **2/4/08** **954 485 2002**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE