

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 14, 2007**

**FILED**  
**Sep 14, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # A08835**

1. Entity Name  
**PUNTA GORDA MEDICAL INVESTORS LIMITED PARTNERSHIP**



Principal Place of Business  
**3570 KEITH STREET, N.W.  
CLEVELAND, TN 37312**

Mailing Address  
**P.O. BOX 3480  
CLEVELAND, TN 37312**



07172007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**62-1068028**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00  
Due by September 14, 2007**

In accordance with s. 607.193(2)(b), F.S.,  
the limited partnership did not receive the  
prior notice.

**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**

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	PRESTON, FOREST L	3570 KEITH STREET, N.W.	CLEVELAND, TN 37312
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	F93000003365	DEVELOPERS INVESTMENT COMPANY, INC.	3570 KEITH STREET, NW CLEVELAND, TN 37312
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

U00000774025  
09/14/07-80003-009 500.00

**DO NOT WRITE  
IN THIS SPACE**

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

Punta Gorda Medical Investors Limited Partnership  
By: Developers Investment Company, Inc., corporate general partner

**SIGNATURE:** By: *Joan E. Thurmond*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/17/07

Date

Daytime Phone #

Joan E. Thurmond, Assistant Secretary of corporate general partner