

2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A16195

FILED
Jan 16, 2009
Secretary of State

Entity Name: CONSOLIDATED RESOURCES HEALTH CARE FUND I, L P

Current Principal Place of Business:

3570 KEITH STREET, N.W.
CLEVELAND, TN 37312

New Principal Place of Business:

Current Mailing Address:

3570 KEITH STREET, N.W.
CLEVELAND, TN 37312

New Mailing Address:

FEI Number: 58-1475466

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PRESTON, FORREST L
Address: 3570 KEITH STREET, N.W.
City-St-Zip: CLEVELAND, TN 37312
Document #: P38485

Name: H.C.F., INC
Address: 3570 KEITH STREET, N.W.
City-St-Zip: CLEVELAND, TN 37312

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

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: JOAN E. THURMOND

AS

01/16/2009

Electronic Signature of Signing General Partner

Date