

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A16195

**FILED**  
**Jan 05, 2012**  
**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:** 62-1624822

**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

**ADDRESS CHANGES ONLY:**

**Address:**  
**City-St-Zip:**

**Document #:** P38485

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

**Address:**  
**City-St-Zip:**

I hereby 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 OF CORPORATE GP

AS

01/05/2012

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

\_\_\_\_\_  
Date