

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A21400

**FILED**  
**Mar 22, 2012**  
**Secretary of State**

**Entity Name:** KENDALL PROFESSIONAL CENTER, LTD.

**Current Principal Place of Business:**

8950 N. KENDALL DRIVE  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

6855 RED ROAD, SUITE 600  
CORAL GABLES, FL 33143

**New Mailing Address:**

**FEI Number:** 59-2645094

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRIEDMAN, DAVID R ESQ.  
6855 RED ROAD  
SUITE 500  
CORAL GABLES, FL 33143 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 #: H65429  
Name: BAPTIST HEALTH ENTERPRISES, INC.  
Address: 6855 RED ROAD, SUITE 600  
City-St-Zip: CORAL GABLES, FL 33143

**ADDRESS CHANGES ONLY:**

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: ANA LOPEZ-BLAZQUEZ

CEO

03/22/2012

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

\_\_\_\_\_  
Date