

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A25291

**FILED**  
**Mar 04, 2009**  
**Secretary of State**

**Entity Name:** POLK HEALTHCARE, L.P. (LTD.)

**Current Principal Place of Business:**

1935 GARRAUX RD., NW  
ATLANTA, GA 30327

**New Principal Place of Business:**

**Current Mailing Address:**

1935 GARRAUX RD., NW  
ATLANTA, GA 30327

**New Mailing Address:**

**FEI Number:** 58-1885213

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 S. 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 #: M99000000515  
Name: SBK OF GEORGIA, L.L.C.  
Address: 1935 GARRAUX ROAD, NW  
City-St-Zip: ATLANTA, GA 30327

**ADDRESS CHANGES ONLY:**

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: SAMUEL B. KELLETT

MGR

03/04/2009

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

\_\_\_\_\_  
Date