

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A25374

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Entity Name:** MARION HOUSE CARE CENTER LIMITED PARTNERSHIP

**Current Principal Place of Business:**

3930 E. SILVER SPRINGS BLVDS.  
OCALA, FL 34470

**New Principal Place of Business:**

**Current Mailing Address:**

1114 WYNWOOD AVENUE  
CHERRY HILL, NJ 08002

**New Mailing Address:**

**FEI Number:** 22-2860653

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: MHCC, INC.

Address: 1114 WYNWOOD AVE.

City-St-Zip: CHERRY HILL, NJ 08002

**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: LENARD BROWN

VP

01/04/2011

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

\_\_\_\_\_  
Date