

# 2010 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A30546

**FILED**  
**Mar 03, 2010**  
**Secretary of State**

**Entity Name:** OCOEE HEALTH CARE PARTNERS LTD., LLLP

**Current Principal Place of Business:**

701 BRICKELL AVENUE  
SUITE 2050  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

701 BRICKELL AVENUE  
SUITE 2050  
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number:** 59-3026209      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

FRIEDBAUER, ROGER  
C/O 701 BRICKELL AVENUE  
SUITE 2050  
MIAMI, FL 33131 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 #: L53759  
Name: OCOEE HEALTH CARE CENTERINC.  
Address: C/O 701 BRICKELL AVE., SUITE 2050  
City-St-Zip: MIAMI, FL 33131

**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: ROGER FRIEDBAUER

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03/03/2010

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

\_\_\_\_\_  
Date