

2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A96000001654

FILED
Mar 19, 2009
Secretary of State

Entity Name: ALZHEIMER'S CARE CENTER OF VIERA, LTD.

Current Principal Place of Business:

7999 SPYGLASS HILL RD.
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

7999 SPYGLASS HILL RD.
MELBOURNE, FL 32940

New Mailing Address:

FEI Number: 59-3410085

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COOPER, MINTON F
7999 SPYGLASS HILL RD.
MELBOURNE, FL 32940 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 #: V62070
Name: COMMUNITY CARE ASSOCIATES, INC.
Address: 7999 SPYGLASS HILL RD.
City-St-Zip: MELBOURNE, FL 32940

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: MINTON F. COOPER

P

03/19/2009

Electronic Signature of Signing General Partner

Date