

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A96000001654

**FILED**  
**Apr 14, 2011**  
**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 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

04/14/2011

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

\_\_\_\_\_  
Date