

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A97000000228

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Entity Name:** HICKORY ASSISTED LIVING, LIMITED PARTNERSHIP

**Current Principal Place of Business:**

6450 US HIGHWAY 1  
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

**Current Mailing Address:**

ATTN: ROBERTA STONER, CONTROLLER  
3300 SOUTH FISKE BOULEVARD  
ROCKLEDGE, FL 32955

**New Mailing Address:**

**FEI Number:** 59-3453782      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MATHIAS, DAVID E  
6450 US HIGHWAY 1  
ROCKLEDGE, FL 32955      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 #: P96000089845  
Name: HEALTH FIRST ASSISTED LIVING, INC.  
Address: 6450 US HIGHWAY 1  
City-St-Zip: ROCKLEDGE, FL 32955

**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: DAVID E. MATHIAS

RA

02/18/2010

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

\_\_\_\_\_  
Date