

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
98 SEP 29 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #  
A97000000314

HEALTH CARE PROPERTIES II, LTD.



Mailing Address

1821 STRATFORD ROAD  
AVON PARK FL 33825

Principal Office Address

1821 STRATFORD ROAD  
AVON PARK FL 33825

3. Date Formed or Registered

02/04/1997

5a. Capital Contributions as  
Shown on record.

\$10,000.00

3a. Date of Last Report

10/08/1997

4. State or Country of Formation

FL

5b. Amount of Capital  
Contributions in FLORIDA  
to date.

2. Mailing Address

1865 EXECUTIVE PARK

Suite, Apt. #, etc.

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

CLEVELAND, TN

Zip Country

37312 BRADLEY

City & State

Zip Country

6. FEI Number

62-1693452

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

ROARK, DONALD ESQ.  
201 EAST GOVERNMENT STREET  
PENSACOLA FL 32501

10. If changed, new Registered Agent/Office

Name

200002654122-5

Street Address (P.O. Box Number Is Not Acceptable)

10/02/98--01033--006

Suite, Apt. #, etc.

\*\*\*\*158.75 \*\*\*\*158.75

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

WELLINGTON GROUP, LLC

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

1865 EXECUTIVE PARK D

11b. City, State & Zip Code

CLEVELAND TN 37313

11c. Registration/  
Document Number

M96000000416

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Mark D. West*, SECRETARY FOR WELLINGTON GROUP, G.P.

DATE 9/24/98

Typed or Printed Name of General Partner Signing Form MARK D. WEST

Daytime Telephone Number 423-473-0093

CR2E003 (8/98)