

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000314**

1. Entity Name

**HEALTH CARE PROPERTIES II, LTD.**

Principal Place of Business

**1821 STRATFORD ROAD  
AVON PARK FL 33825**

Mailing Address

**1821 STRATFORD ROAD  
AVON PARK FL 33825**

**FILED**

**01 MAR 23 AM 10:48**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1281 W. Stratford Road**

3. Mailing Address

**1281 W. Stratford Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Avon Park FL**

City & State

**Avon Park FL**

4. FEI Number

**62-1693452**

Applied For

Not Applicable

Zip

**33825**

Country

**U.S.A.**

Zip

**33825**

Country

**U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROARK, DONALD A ESQ.**

**1101 GULF BREEZE PARKWAY, #65  
GULF BREEZE FL 32561**

Name

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

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$10,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**SAME**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **M00000001128**  
NAME **THE WELLINGTON GROUP OF DELAWARE, LLC**  
STREET ADDRESS **1865 EXECUTIVE PARK DRIVE**  
CITY-ST-ZIP **CLEVELAND TN 37312**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

DOCUMENT #  
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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

**MARCO WEST, CFO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3/14/01**  
Date

Daytime Phone #

CR2E003 (11/00)