

# **2010 LIMITED PARTNERSHIP REINSTATEMENT**

DOCUMENT# A97000000314

**FILED**  
**Oct 01, 2010**  
**Secretary of State**

**Entity Name:** HEALTH CARE PROPERTIES II, LTD.

**Current Principal Place of Business:**

1281 W. STRATFORD ROAD  
AVON PARK, FL 33825

**New Principal Place of Business:**

**Current Mailing Address:**

4605 NORTH LEE HWY  
CLEVELAND, TN 37312

**New Mailing Address:**

**FEI Number:** 62-1693452

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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 #: M00000001128  
Name: THE WELLINGTON GROUP OF DELAWARE, LLC  
Address: 4605 NORTH LEE HWY  
City-St-Zip: CLEVELAND, TN 37312

**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: MARK D. WEST

CFO

10/01/2010

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

\_\_\_\_\_  
Date