

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000314

1. Entity Name
HEALTH CARE PROPERTIES II, LTD.



FILED

03 MAY -6 PM 7:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJH

Principal Place of Business
1281 W. STRATFORD ROAD
AVON PARK FL 33825

Mailing Address
~~1865 EXECUTIVE PARK~~
~~CLEVELAND TN 37312~~



2. Principal Place of Business

3. Mailing Address
1281 W. Stratford Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State
Avon Park, FL

4. FEI Number 62-1693452

Applied For
Not Applicable

Zip

Country

Zip 33825

Country

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

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions as Shown on record. \$10,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Paul G. Wetmore 04/24/03 863-453-6674

Date

Daytime Phone #

CR2E003 (10/02)

00181965 AB

STAPLE CHECK HERE