

# **2007 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A97000000873

**FILED**  
**Apr 20, 2007**  
**Secretary of State**

**Entity Name:** PREFERRED MEDICAL GROUP LIMITED PARTNERSHIP

**Current Principal Place of Business:**

C/O PREFERRED MEDICAL GROUP, INC.  
9140 CORSEA DEL FONTANA WAY  
NAPLES, FL 34109 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O PREFERRED MEDICAL GROUP, INC.  
9140 CORSEA DEL FONTANA WAY  
NAPLES, FL 34109 US

**New Mailing Address:**

**FEI Number:** 59-3444773

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCNAMARA, LISA A  
9140 CORSEA DEL FONTANA WAY  
NAPLES, FL 34109 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 #: P97000021603  
Name: PREFERRED MEDICAL GROUP, INC.  
Address: 115 HEDGEROW TRACE  
City-St-Zip: DULUTH, GA 30097

**ADDRESS CHANGES ONLY:**

Address: 405 OLD HOMESTEAD TRAIL  
City-St-Zip: DULUTH, GA 30097

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: CHRIS MALE

GP

04/20/2007

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

\_\_\_\_\_  
Date