

# 2011 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A97000001335

**FILED**  
**Mar 09, 2011**  
**Secretary of State**

**Entity Name:** MOULTRIE MEDICAL PLAZA FAMILY PARTNERSHIP, LTD.

**Current Principal Place of Business:**

2460 OLD MOULTRIE RD., SUITE 3  
ST. AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. DRAWER 3127  
ST. AUGUSTINE, FL 320853127

**New Mailing Address:**

FEI Number: 59-3470349

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SADOWSKI, GEORGE  
2460 OLD MOULTRIE RD., SUITE 3  
ST. AUGUSTINE, FL 32086 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 #: P97000044271  
Name: GLOBILLITY, INC.  
Address: 2460 OLD MOULTRIE RD., SUITE 3  
City-St-Zip: ST. AUGUSTINE, FL 32086

**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: GEORGE SADOWSKI

P

03/09/2011

Electronic Signature of Signing General Partner

\_\_\_\_\_ Date