

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000278

1. Entity Name

HEALTH CARE PROPERTIES XVII, LTD.

Principal Place of Business

1865 EXECUTIVE PARK  
CLEVELAND TN 37312

Mailing Address

1865 EXECUTIVE PARK  
CLEVELAND TN 37312

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

59-3494199

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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.

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 # M96000000416  
NAME THE WELLINGTON GROUP, LLC  
STREET ADDRESS 1865 EXECUTIVE PARK  
CITY-ST-ZIP CLEVELAND TN 37312

STREET ADDRESS

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

400004536904--4  
-08/15/01-01087-010

CITY-ST-ZIP

\*\*\*\*400.00 \*\*\*\*400.00

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

400004536904--4  
-08/15/01-01087-011

CITY-ST-ZIP

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

DOCUMENT #  
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CITY-ST-ZIP

STREET ADDRESS

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:

*Mark W. Miller* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*4/29/01*

423-473-0023  
Daytime Phone #

0020141 AB

CR2E003 (11/00)