

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0018193 AB

DOCUMENT # A98000000278

1. Entity Name
HEALTH CARE PROPERTIES XVII, LTD.



Principal Place of Business
1885 EXECUTIVE PARK
CLEVELAND TN 37312

Mailing Address
1885 EXECUTIVE PARK
CLEVELAND TN 37312

FILED
03 MAY - 2 8 PM '03
75
SECRETARY OF STATE
TALLAHASSEE FLORIDA
MJH



2. Principal Place of Business
1850 Executive Park
Suite, Apt. #, etc.

3. Mailing Address
1850 Executive Park
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
Cleveland, TN

City & State
Cleveland, TN

4. FEI Number 59-3494199

Applied For
Not Applicable

Zip 37312 Country USA

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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

DOCUMENT # M96000000416
NAME THE WELLINGTON GROUP, LLC
STREET ADDRESS 1885 EXECUTIVE PARK
CITY-ST-ZIP CLEVELAND TN 37312

13. ADDRESS CHANGES ONLY

STREET ADDRESS 1850 Executive Park
CITY-ST-ZIP Cleveland, TN 37312

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
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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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

473 473 0093

CR2E003 (10/02)