

# 2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A98000001954

**FILED**  
**Apr 14, 2009**  
**Secretary of State**

**Entity Name:** HEIGHTS HEALTHCARE LIMITED PARTNERSHIP

**Current Principal Place of Business:**

1240 MARBELLA PLAZA DR.  
STE. 130  
TAMPA, FL 33619

**New Principal Place of Business:**

**Current Mailing Address:**

1240 MARBELLA PLAZA DR.  
STE. 130  
TAMPA, FL 33619

**New Mailing Address:**

**FEI Number:** 59-3584669

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VAUGHAN, DAVID R  
1240 MARBELLA PLAZA DR.  
STE. 130  
TAMPA, FL 33619 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 #: M98000000905  
Name: HEIGHTS HEALTHCARE COMPANY, L.L.C.  
Address: 1240 MARBELLA PLAZA DR., STE. 130  
City-St-Zip: TAMPA, FL 33619

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DAVID R. VAUGHAN

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

04/14/2009

\_\_\_\_\_ Date