

2008 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A99000002049

FILED
Jun 25, 2008
Secretary of State

Entity Name: PHYSICIANS HEALTHCARE ENTERPRISES, LTD.

Current Principal Place of Business:

1300 S US1
BUNNELL, FL 32110

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 959
BUNNELL, FL 32110

New Mailing Address:

P.O. BOX 730956
ORMOND BEACH, FL 32174

FEI Number: 65-0957806 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

Name and Address of Current Registered Agent:

DENES, GREG
14255 U.S. HIGHWAY ONE, STE. 243
JUNO BEACH, FL 33408 US

Name and Address of New Registered Agent:

ABRAHAM, ROBERT
149 S. RIDGEWOOD AVENUE
500
DAYTONA BEACH, FL 32114 US

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: ROBERT ABRAHAM

06/25/2008

Electronic Signature of Registered Agent

Date

GENERAL PARTNER INFORMATION:

Document #: G07201900062
Name: NIA HEALTHCARE TRUST
Address: 1300 S US1
City-St-Zip: BUNNELL, FL 32110

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: NIA HEALTHCARE TRUST

GP

06/25/2008

Electronic Signature of Signing General Partner

Date