

2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A99000002049

FILED
Apr 30, 2009
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 730956
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 65-0957806

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ABRAHAM, ROBERT
220 S. RIDGEWOOD AVENUE
200
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:

Electronic Signature of Registered Agent

04/30/2009

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

04/30/2009

Electronic Signature of Signing General Partner

Date