

2011 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A99000002049

FILED
Apr 30, 2011
Secretary of State

Entity Name: PHYSICIANS HEALTHCARE ENTERPRISES, LTD.

Current Principal Place of Business:

5452 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211

New Principal Place of Business:

220 S. RIDGEWOOD AVENUE
STE. 200
DAYTONA BEACH, FL 32114

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 (X)

Name and Address of Current Registered Agent:

ABRAHAM, ROBERT
220 S. RIDGEWOOD AVENUE
200
DAYTONA BEACH, FL 32114 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 #: G07201900062
Name: NIA HEALTHCARE TRUST
Address: PO BOX 730956
City-St-Zip: ORMOND BEACH, FL 32173

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

I hereby 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: JULIAN G. CANTILLO

TRUS

04/30/2011

Electronic Signature of Signing General Partner

Date