# 2012 LIMITED PARTNERSHIP ANNUAL REPORT

**FILED**
**Apr 18, 2012**
**Secretary of State**

DOCUMENT# B00000000384

**Entity Name:** FURNITURE MEDIC LIMITED PARTNERSHIP

**Current Principal Place of Business:**

3839 FOREST HILL-IRENE ROAD
MEMPHIS, TN 38125

**New Principal Place of Business:**

**Current Mailing Address:**

3839 FOREST HILL-IRENE ROAD
MEMPHIS, TN 38125

**New Mailing Address:**

**FEI Number: 36-4094002** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 #: M02000003494
Name: FM MEDIC L.L.C.
Address: 3839 FOREST HILL-IRENE ROAD
City-St-Zip: MEMPHIS, TN 38125

**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: FM MEDIC L.L.C. GP 04/18/2012

Electronic Signature of Signing General Partner Date