

# 2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# B08000000208

**FILED**  
**Apr 29, 2009**  
**Secretary of State**

**Entity Name:** MEDICAL ASSET FUND III, LP

**Current Principal Place of Business:**

195 DANBURY ROAD  
WILTON, CT 06897

**New Principal Place of Business:**

**Current Mailing Address:**

195 DANBURY ROAD  
WILTON, CT 06897

**New Mailing Address:**

**FEI Number:** 20-5895823

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DRIVE, SUITE A  
TALLAHASSEE, FL 32301 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 #: P08000004221  
Name: HEALTHCAPITAL, INC.  
Address: 195 DANBURY ROAD  
City-St-Zip: WILTON, CT 06897

**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: BILL BARRY

CFO

04/29/2009

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

\_\_\_\_\_  
Date