

## **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B11000000176

**FILED**  
**Mar 08, 2012**  
**Secretary of State**

**Entity Name:** HEALTHSMART PREFERRED CARE II, L.P.

**Current Principal Place of Business:**

222 W. LAS COLINAS BLVD  
SUITE 600N  
IRVING, TX 75039

**New Principal Place of Business:**

**Current Mailing Address:**

222 W. LAS COLINAS BLVD  
SUITE 600N  
IRVING, TX 75039

**New Mailing Address:**

**FEI Number:** 75-2508316

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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 #: M11000000194  
Name: HEALTHSMART HOLDINGS II, LLC  
Address: 222 W. LAS COLINAS BLVD., SUITE 600N  
City-St-Zip: IRVING, TX 75039

**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: HEALTHSMART HOLDINGS II, LLC

GP

03/08/2012

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

\_\_\_\_\_  
Date