

**2013 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A26309

**Entity Name:** BETHAMY LIVING CENTER LIMITED PARTNERSHIP

**Current Principal Place of Business:**

7150 COLUMBIA GATEWAY DRIVE  
SUITE J  
COLUMBIA, MD 21046

**Current Mailing Address:**

7150 COLUMBIA GATEWAY DRIVE  
SUITE J  
COLUMBIA, MD 21046 US

**FEI Number:** 59-2897332

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

\_\_\_\_\_ Date

**General Partner Detail :**

Document # M72633  
Name BETHAMY LIVING CTR MGMT  
Address 7150 COLUMBIA GATEWAY DRIVE,  
SUITE J  
City-State-Zip: COLUMBIA MD 21046

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BETHAMY LIVING CTR MGMT

**PARTNER**

**04/12/2013**

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

\_\_\_\_\_  
Date