

**2023 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A30546

**Entity Name:** OCOEE HEALTH CARE PARTNERS LTD., LLLP

**Current Principal Place of Business:**

5532 NE 55TH STREET  
SEATTLE, WA 98105

**Current Mailing Address:**

5532 NE 55TH STREET  
SEATTLE, WA 98105 US

**FEI Number:** 59-3026209

**Certificate of Status Desired:** No

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

FRIEDBAUER, ROGER  
3 GROVE ISLE DRIVE  
#1704  
MIAMI, FL 33133 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 # L53759  
Name OCOEE HEALTH CARE CENTERINC.  
Address 5532 NE 55TH STREET  
City-State-Zip: SEATTLE WA 98105

*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:** JOHN MYER

**ATTORNEY**

**03/13/2023**

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

\_\_\_\_\_  
Date