

**2014 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A30546

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

**Current Principal Place of Business:**

701 BRICKELL AVENUE  
SUITE 2050  
MIAMI, FL 33131

**Current Mailing Address:**

701 BRICKELL AVENUE  
SUITE 2050  
MIAMI, FL 33131

**FEI Number: 59-3026209**

**Certificate of Status Desired: No**

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

FRIEDBAUER, ROGER  
C/O 701 BRICKELL AVENUE  
SUITE 2050  
MIAMI, FL 33131 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 C/O 701 BRICKELL AVE., SUITE 2050  
City-State-Zip: MIAMI FL 33131

*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: ROGER FRIEDBAUER**

**PRESIDENT**

**03/13/2014**

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

\_\_\_\_\_  
Date