

**2016 FOREIGN LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A16195

**Entity Name:** CONSOLIDATED RESOURCES HEALTH CARE FUND I, L P

**Current Principal Place of Business:**

3570 KEITH STREET, N.W.  
CLEVELAND, TN 37312

**Current Mailing Address:**

3570 KEITH STREET, N.W.  
CLEVELAND, TN 37312

**FEI Number:** 62-1624822

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 #

Document # P38485

Name PRESTON, FORREST L

Name H.C.F., INC

Address 3570 KEITH STREET, N.W.

Address 3570 KEITH STREET, N.W.

City-State-Zip: CLEVELAND TN 37312

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*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:** JOAN E. THURMOND

**ASSISTANT SECRETARY** 03/21/2016  
**OF H.C.F., INC.,**  
**CORPORATE GENERAL**  
**PARTNER**

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

\_\_\_\_\_  
Date