

**2019 FOREIGN LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B15000000323

**Entity Name:** PALISADES MEDICAL PROPERTIES, LP

**Current Principal Place of Business:**

2 SUMMIT PARK DR STE 540  
CLEVELAND, OH 44131

**Current Mailing Address:**

2 SUMMIT PARK DR STE 540  
CLEVELAND, OH 44131 US

**FEI Number:** 47-5482641

**Certificate of Status Desired:** Yes

**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 # M15000009474  
Name WOODSIDE HEALTH PALISADES, LLC  
Address 2 SUMMIT PARK DR STE 540  
City-State-Zip: CLEVELAND OH 44131

*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:** JOSEPH GREULICH

**PRINCIPAL**

**03/04/2019**

Electronic Signature of Signing General Partner Detail

Date