

2004 LIMITED PARTNERSHIP REINSTATEMENT

FILED

2004 DEC 28 PM 3: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A21315

1. Entity Name
SEMINOLE MERIDIAN LIMITED PARTNERSHIP




Principal Place of Business
**101 E. STATE STREET
KENNETT SQUARE, PA 19348**

Mailing Address
**101 E. STATE STREET
KENNETT SQUARE, PA 19348**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country Zip Country



12222004 REIN-LP CR2E100 (6/04)

4. FEI Number
52-1421069 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$500.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$500.00**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F93000005223 MERIDIAN HEALTH, INC. 101 E. STATE STREET KENNETT SQUARE, PA 19348	STREET ADDRESS CITY-ST-ZIP	500043675255 12/28/04--01047--002 **641.25
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REINSTATEMENT 04

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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

SIGNATURE: Norman Schueftan **NORMAN SCHUEFTAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **V.P., MERIDIAN HEALTH, INC., G.P. 12-22-04**
Date **12-22-04**
Daytime Phone #