


**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

FILED
03 FEB 10 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **A21315**
1. Entity Name
SEMINOLE MERIDIAN LIMITED PARTNERSHIP



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
101 EAST STATE STREET
Suite, Apt. #, etc.

3. Mailing Address
101 EAST STATE STREET
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
KENNETT SQUARE, PA

City & State
KENNETT SQUARE, PA

Zip
19348 Country
USA

Zip
19348 Country
USA

DUE BY MAY 1

4. FEI Number
52-1421069 Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

City
PLANTATION FL Zip Code
33324

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**

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**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			
DOCUMENT #	F93000005223	STREET ADDRESS	
NAME	MERIDIAN HEALTH, INC.	CITY-ST-ZIP	500012226575 02/10/03--01093--009 **141.25
STREET ADDRESS	101 EAST STATE STREET	STREET ADDRESS	
CITY-ST-ZIP	KENNETT SQUARE, PA 19348	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

B/K

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

Date: **1/27/03** Daytime Phone #: **610.444.6350**

STAPLE CHECK HERE

CR2E003B (12/02)