

THE BERKSHIRE GROUP
B95000000303

VIA FEDERAL EXPRESS

August 17, 1995

300001569939
 -08/25/95--01066--003
 *****35.00 *****35.00

Division of Corporations
 Florida Department of State
 409 East Gaines Street
 Tallahassee, FL 32399

Re: Harborside Homecare Limited Partnership

200001564792
 -08/21/95--01030--001
 *****52.50 *****52.50

Dear Sir or Madam:

Enclosed please find the following:

1. An original Application by Foreign Limited Partnership for Authorization to Transact Business in Florida (in duplicate) for the above-referenced limited partnership.
2. Check in the amount of \$32.50 to cover the filing fee.
3. Self-addressed Federal Express envelope.

Please return a filed-stamped copy of this document in the Federal Express envelope enclosed. Should you have any questions concerning this filing, I can be reached toll-free at 800-662-5787 extension 1535.

Very truly yours,

Name	<i>Christine Reiche</i>
Availability	Christine Reiche
Document	Legal Assistant
Examiner	CR/bms
Updater	Enclosures
Updater cc:	K. Scott Griggs, Esq.
Verifier	Steve Guillard
Acknowledgement	DCU
W. P. Verifier	DCU

C. TAX	
FILED	35.00
RECEIVED	
DATE	
TIME	
BY	
RECEIVED	

B95000000303

TC
 \$330.00

Harbor Plaza, 470 Atlantic Avenue
 Boston, Massachusetts 02210
 Telephone: (617) 423-2233

W950000006873



THE BERKSHIRE GROUP

VIA FEDERAL EXPRESS

August 23, 1995

Division of Corporations
Florida Department of State
409 East Gaines Street
Tallahassee, FL 32399

Attn: Diane Cushing, Corporate Specialist

Re: Harborside Homecare Limited Partnership
Your Letter Number: 095A00039182

Dear Ms. Cushing:

I am returning herewith a copy of your letter dated August 22 along with the first page of Application by Foreign Limited Partnership for Authorization to Transact Business in Florida for the above-referenced limited partnership which has now been signed by the registered agent. (I presume you are holding the second page of this document pending receipt of the requested items.) I have also enclosed a check for \$35.00 to cover the registered agent's designation fee.

I trust this document can now be recorded. Please do not hesitate to contact me should you have any questions. My toll-free number is 800-662-5787, ext. 1535.

Very truly yours,

Christine Reiche

Christine Reiche
Legal Assistant

CR\bms
Enclosures

(J:\CER\SOSFL17.LTR)

Harbor Plaza, 470 Atlantic Avenue
Boston, Massachusetts 02210
Telephone: (617) 425-2255



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

August 22, 1995

CHRISTINE REICHE
THE BERKSHIRE GROUP
470 ATLANTIC AVENUE, HARBOR PLAZA
BOSTON, MA 02210

SUBJECT: HARBORSIDE HOMECARE LIMITED PARTNERSHIP
Ref. Number: W95000016873

We have received your document for HARBORSIDE HOMECARE LIMITED PARTNERSHIP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

You must also pay the registered agent's designation fee of \$35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6913.

Diane Cushing
Corporate Specialist

Letter Number: 095A00039182

Florida Department of State, Jim Smith, Secretary of State

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP
FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. Harborside Homecare Limited Partnership
(Name of limited partnership as it is in the home state;

2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Massachusetts
(State of Formation)

4. June 14, 1995
(Date of Formation)

5. The Prentice-Hall Corporation System, Inc.
(Name of Registered Agent for Service of Process)

6. 1201 Hays Street, Suite 105
(Street Address of Registered Office)

Tallahassee

(City)

Florida

32301

(Zip Code)

7. Acceptance by the Registered Agent for Service of Process.

The Prentice-Hall Corporation System, Inc.

By: [Signature]

ROGER PERELLI, ASST SECY
(Agent must sign on this line)

8. c/o The Berkshire Group, 470 Atlantic Avenue, Suite 1300, Boston, MA 02210
(Address of Registered Office required in State of Formation or, if not required, Address of Principal Office.)

9. NAME OF GENERAL PARTNERS

SPECIFIC ADDRESS

KHI Corporation

F93000001468

470 Atlantic Avenue, Ste. 1300
Boston, MA 02210

10. The Berkshire Group, 470 Atlantic Avenue, Suite 1300, Boston, MA 02210
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the _____ listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is cancelled or withdrawn.

12. The Berkshire Group, 470 Atlantic Avenue, Suite 1300, Boston, MA 02210
(Mailing Address of Limited Partnership)

FILED
1995 AUG 24 PM 11 35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This 14th day of August, 19 95.

KHI Corporation

William H. Stephan
General Partner

William H. Stephan, Treasurer

STATE OF MASSACHUSETTS

COUNTY OF SUFFOLK

THE FOREGOING instrument was acknowledged and sworn to before me this 14th day of August, 19 95, by William H. Stephan, Treasurer ~~(Name of General Partner)~~ of KHI Corporation, general partner of

Harborside Homecare Limited Partnership

(Name of Limited Partnership), A Massachusetts (State or Country) Limited Partnership, on behalf of the Limited Partnership.

Julie Savard-Vantran

Notary Public

State of ~~Massachusetts~~ at Large

My Commission Expires:

(SEAL)

JULIE SAVARD-VANTRAN
Notary Public
My Commission Expires July 26, 2002

FILED
1995 AUG 24 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared William H. Stephan, Treasurer
general partner of Harborside Homecare Limited Partnership (an) Massachusetts
certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 990.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 330.00.

This 14th day of August, 1995.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and that the facts are true, to the best of my knowledge and belief.

General Partner
KHI Corporation
William H. Stephan
William H. Stephan, Treasurer

FILED
1995 AUG 26 PM 1:35
SECRETARY OF STATE
TALLAHASSEE
FLORIDA

STATE OF MASSACHUSETTS
COUNTY OF SUFFOLK
DATE AUGUST 14, 1995

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared William H. Stephan, Treasurer of KHI Corporation (General Partner, known to me and know by me to be the person who executed the foregoing Affidavit of Capital Contributions, and he acknowledged to me and before me that he executed this Affidavit as General Partner of said partnership.

IN WHITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 14th day of August, 1995.

Julie Savard-Vantran
Notary Public

Seal

State of Massachusetts at Large
My Commission Expires:

JULIE SAVARD-VANTRAN
Notary Public
My Commission Expires July 26, 2002

FILE ON OR BEFORE DECEMBER 31, 1995 ON PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

B9500000303

DIVISION OF CORPORATIONS

FILED

1995 SEP 29 AM 10 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Name of Limited Partnership

1a. DOCUMENT #

B9500000303

HARBORSIDE HOMECARE LIMITED PARTNERSHIP

Original Address

Principal Office Address

470 ATLANTIC AVENUE
BOSTON, MA. 02210

470 ATLANTIC AVENUE
BOSTON, MA. 02210

These addresses are incorrect in any way, file through the incorrect information and enter correct address in Block 2 under 2a.

Date Formed or Registered to Do Business in
FLORIDA

8/24/95

3a. Date of Last Report

N/A

4. State or Country of Formation

MASSACHUSETTS

1. Capital Contributions as Shown
on Record

330.00

5b. Amount of Capital Contributions in
FLORIDA to date:

330.00

6. FEI Number

04-3276939

Applied For

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

FEES: 1.) Filing Fee: Computed at a rate of 67 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$62.50 and a maximum of \$487.50.
2.) Supplemental Fee: \$138.75 (pursuant to section 607.193, F.S.)
3.) AMOUNT DUE SHALL BE NO LESS THAN \$62.50 (\$62.50 - \$138.75) AND NO MORE THAN \$516.25 (\$437.50 - \$138.75).
If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and addressed filing fee.
4.) CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

8. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORP. SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE, FLORIDA 32301

10. If changed, new Registered Agent/Office

Name

N/A

Street Address (P.O. Box Number is Not As acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

08. Pursuant to the provisions of sections 620.1051 and 620.182, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement to the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, I am familiar with, and accept the obligations of section 620.182, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

1. Name(s) of General Partner(s)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

KHI CORPORATION

470 ATLANTIC AVENUE

BOSTON, MA. 02210

F93000001468(B

AR - \$52.50
SF - 138.75

500001602075
-10/06/95--01022--021
****191.25 ****191.25

10/2/95

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

William H. Stephan

DATE

9/15/95

Typed or Printed Name of General Partner Signing Form

WILLIAM H. STEPHAN, TREASURER

Telephone Number (617) 423-2233