

SEP-05-2003 11:11

KRAMER, GREEN, e/fil

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : KRAMER, GREEN, ZUCKERMAN & KAHN, P.A.  
Account Number : 073707002173  
Phone : (954) 966-2112  
Fax Number : (954) 981-1606

**FLORIDA LIMITED PARTNERSHIP**

**NURSING HOME MANAGEMENT, LTD.**

Certificate of Status	0
Certified Copy	1
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**CERTIFICATE OF LIMITED PARTNERSHIP**

Pursuant to Section 620.108 of the Florida Statutes, the following statement is made:

1. The name of the Limited Partnership is **NURSING HOME MANAGEMENT, LTD.**

2. The address of the office and the name and address of the agent for service of process required to be maintained by Section 620.105 of the Florida Statutes is:

Glenn Gidseg  
501 Phillips Drive  
Boca Raton, FL 33432

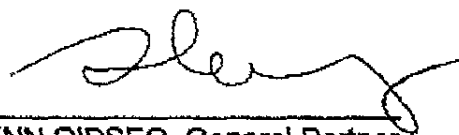
3. The name and business address of each General Partner is:

GLENN GIDSEG  
501 Phillips Drive  
Boca Raton, FL 33432

4. The mailing address for the Limited Partnership is :

NURSING HOME MANAGEMENT, LTD.  
c/o Glenn Gidseg  
501 Phillips Drive  
Boca Raton, FL 33432

5. The latest date upon which the Limited Partnership is to dissolve is December 31, 2038.

  
\_\_\_\_\_  
GLENN GIDSEG, General Partner

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STATE OF FLORIDA }  
COUNTY OF Madison }

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared GLENN GIDSEG, General Partner of NURSING HOME MANAGEMENT, LTD., to me known to be the person described in and who executed the foregoing Certificate of Limited Partnership and he acknowledged before me that he executed the same. He is personally known to me or produced \_\_\_\_\_ as identification, and he did take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 4th day of September, 2003.

  
Dawn R. Buday  
NOTARY PUBLIC

Dawn R. Buday  
Printed Name of Notary Public

My Commission Expires:



DAWN R. BUDAY  
MY COMMISSION # 00 102582  
EXPIRES May 27, 2006  
Bonded Title & Abstract Services

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11:13

K:\BOB\GIDSEG\LTD\certificate of Ltd.vpd

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**LIMITED PARTNERSHIP AFFIDAVIT**

STATE OF FLORIDA }

COUNTY OF Broward }

Pursuant to Section 620.108 of the Florida Statutes, the following statement is made:

1. The undersigned is the sole General Partner of NURSING HOME MANAGEMENT, LTD.

2. The amount of the original capital contributions of the Limited Partners is \$990. The additional amount anticipated to be contributed by the Limited Partners is \$0.

FURTHER AFFIANT SAYETH NAUGHT.

GENERAL PARTNER:

  
\_\_\_\_\_  
GLENN GIDSEG

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared GLENN GIDSEG, General Partner, of NURSING HOME MANAGEMENT, LTD., to me known to be the person described in and who executed the foregoing Limited Partnership Affidavit and he acknowledged before me that he executed the same. He is personally known to me or produced \_\_\_\_\_ as identification and he did take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 4<sup>th</sup> day of September, 2003.

  
\_\_\_\_\_  
NOTARY PUBLIC, State of FloridaDawn R. Buday  
Print Name

My Commission expires:



DAWN R. BUDAY  
MY COMMISSION # DD 102532  
EXPIRES: May 27, 2006  
Bonded thru Budget Notary Services

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**ACKNOWLEDGMENT OF APPOINTMENT OF REGISTERED AGENT****NURSING HOME MANAGEMENT, LTD.**

The undersigned, having been named the Registered Agent for the above Limited Partnership as Glenn Gidseg, 501 Phillips Drive, Boca Raton, FL33432, the undersigned hereby accepts the same and agrees to act in this capacity and agrees to comply with the provisions of Florida law relative to keeping the registered office open.

Dated: September 4, 2003.

REGISTERED AGENT:

  
\_\_\_\_\_  
GLENN GIDSEG

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