

Certificate of Limited Partnership

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FILED
January 13, 2014
Sec. Of State
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Name of Limited Partnership:

GENESIS HOME HEALTH CARE OF SWFL LLLP

Street Address of Limited Partnership:

8695 COLLEGE PARKWAY
SUITE 2464
FORT MYERS, FL. US 33919

Mailing Address of Limited Partnership:

8695 COLLEGE PARKWAY
SUITE 2464
FORT MYERS, FL. US 33919

The name and Florida street address of the registered agent is:

CHRIS M DESANTIS
8695 COLLEGE PARKWAY
SUITE 2464
FORT MYERS, FL. 33919

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: CHRIS DESANTIS

The name and address of all general partners are:

Title: G
CHRIS M DESANTIS
1547 WHISKEY CREEK DR.
FORT MYERS, FL. 33919 US

The effective date for this Limited Partnership shall be:

01/13/2014

This Limited Partnership is a Limited Liability Limited Partnership.

Signed this Thirteenth day of January, 2014

I (we) declare the I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

General Partner Signature: CHRIS DESANTIS

The individual(s) signing this document affirm(s) that the facts stated herein are true and the individual(s) is/are aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.