

A15222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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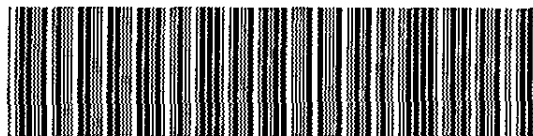
(Business Entity Name)

(Document Number)

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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 091913 4983A

AUTHORIZATION :

Patricia Pujols

COST LIMIT : \$ 35.00

ORDER DATE : May 13, 2003

ORDER TIME : 2:22 PM

ORDER NO. : 091913-025

CUSTOMER NO: 4983A

CUSTOMER: Marilyn Adelman
Cozen O'Connor, P.C.
1900 Market Street
The Atrium
Philadelphia, PA 19103.

CHANGE OF AGENT

NAME: GRAMERCY PARK NURSING CARE
CENTER, LIMITED

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd -- EXT# 1140

EXAMINER: _____

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MAY 13 2003
FBI - PHILADELPHIA

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. GRAMERCY PARK NURSING CARE CENTER, LIMITED
Name of the limited partnership

2. September 2, 1983 3. A15222
Date of filing/registration in Florida Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Leonard Oshinsky, P.A.
Name

1150 E. Hallandale Beach Blvd., Suite A
Address

Hallandale, FL 33009
City, State and Zip

5. The name and address of the new registered agent and/or office:

Corporation Service Company
Name

1201 Hays Street
Florida street address (P.O. Box not acceptable)

Tallahassee FL 32301
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

Maureen Cullen
Signature of General Partner

Maureen Cullen, Attorney-in-Fact

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.

Corporation Service Company

Dorothy Tenshaw
Signature of Registered Agent Dorothy Tenshaw, Asst. VP

**Make checks payable to Florida Department of State and mail to:
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00**