

# A15222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

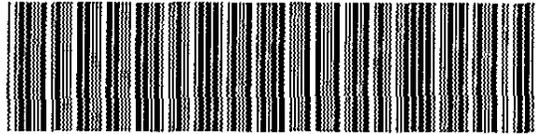
(Business Entity Name)

(Document Number)

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MAY 19 2003

TALLAHASSEE

*A15222*  
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



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  
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

FILED  
SEP 19 1983  
TALLAHASSEE, FL

**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**