


# 2004 LIMITED PARTNERSHIP REINSTATEMENT

FILED

2004 DEC 28 PM 3:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A21315		
1. Entity Name SEMINOLE MERIDIAN LIMITED PARTNERSHIP		

Principal Place of Business 101 E. STATE STREET KENNETT SQUARE, PA 19348	Mailing Address 101 E. STATE STREET KENNETT SQUARE, PA 19348
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



12222004 REIN-LP CR2E100 (6/04)

4. FEI Number 52-1421069		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$500.00	10. Amount of Capital Contributions in FLORIDA to date. \$500.00	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F93000005223 MERIDIAN HEALTH, INC. 101 E. STATE STREET KENNETT SQUARE, PA 19348	STREET ADDRESS CITY-ST-ZIP	500043675255 12/28/04--01047--002 **641.25
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**REINSTATEMENT 04**

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: Norman Schueftan NORMAN SCHUEFTAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER V.P., MERIDIAN HEALTH, INC., G.P. 12-22-04  
Date Daytime Phone #