

A21315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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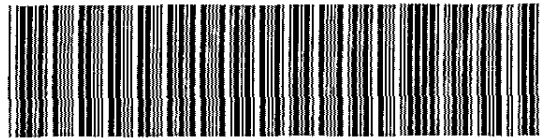
(Business Entity Name)

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J. BRYAN FEB 25 2005



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 216396 4358473

AUTHORIZATION

COST LIMIT : \$ \$35.00

Patricia Pigato

ORDER DATE : February 21, 2005

ORDER TIME : 11:0 AM

ORDER NO. : 216396-955

CUSTOMER NO: 4358473

CUSTOMER: Lisa C. Holahan
Genesis Healthcare Corporation
101 E. State Street

Kennett Square, PA 19348

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CHANGE OF AGENT

NAME: SEMINOLE MERIDIAN LIMITED
PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Denise Mick

**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. SEMINOLE MERIDIAN LIMITED PARTNERSHIP

Name of the limited partnership

2. 11/26/1985

Date of filing/registration in Florida

3. A21315

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:

C T Corporation System

Name

1200 South Pine Island Road

Address

Plantation, FL 33324

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

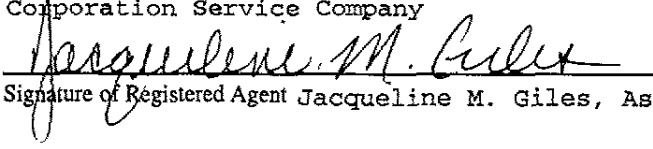
6. Such change(s) was/were authorized by the general partners.


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


Signature of Registered Agent Jacqueline M. Giles, Asst. Vice President

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

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TALLAHASSEE, FLORIDA