

# 2004 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A23387

1. Entity Name  
VOLUSIA MERIDIAN LIMITED PARTNERSHIP



FILED

2004 DEC 28 PM 3: 26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
101 EAST STATE STREET  
KENNETT SQUARE, PA 19348

Mailing Address  
101 EAST STATE STREET  
KENNETT SQUARE, PA 19348

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  
52-1493169

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record. \$500.00

10. Amount of Capital Contributions  
in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S.,  
the limited partnership did not receive the  
prior notice.

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 # F93000005223  
NAME MERIDIAN HEALTH, INC.  
STREET ADDRESS 101 E. STATE STREET  
CITY - ST - ZIP KENNETT SQUARE, PA 19348

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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STREET ADDRESS

CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

NORMAN SCHWARTZ  
V.P., MERIDIAN HEALTH, INC., S.P. 12-22-04

STAPLE CHECK HERE

REINSTATEMENT 04

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