

A25289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

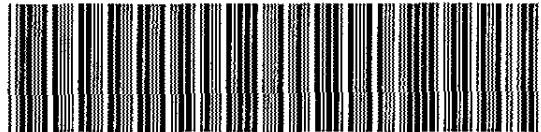
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A25289
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LAW OFFICES
SMITH, BASSETT, PURCELL & KOENIG

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March 26, 2004

UPS Overnight Delivery

Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Ladies and Gentlemen:

Please file the enclosed Amendments to the Application for Registration for the following three limited partnerships in Florida (an original and one copy of each enclosed):

Orange Healthcare, Ltd. (L.P.)
Port Charlotte Healthcare Associates, Ltd. (L.P.)
Polk Healthcare, L.P. (Ltd.)

I have enclosed a check in the amount of \$157.50 to cover the fees for recording three amendments at \$52.50 each. If you have any questions regarding this, please call me.

Yours very truly,



William R. Bassett

WRB/kh
Enclosures

FILED
04 MAR 31 AM 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF AMENDMENT
TO
APPLICATION FOR REGISTRATION
OF
ORANGE HEALTHCARE, LTD. (L.P.)**

Pursuant to the provisions of Section 620.173, Florida Statutes, this foreign limited partnership hereby submits this certificate of amendment to its registration application:

The registration application is hereby amended to state that SAK, JR., L.L.C., a Georgia limited liability company, has withdrawn as general partner of the partnership. Therefore, the Application for Registration is hereby amended to read as follows:

(1) The name of the limited partnership in the State of Georgia is Orange Healthcare, Ltd. (L.P.) The name adopted for doing business in Florida is Orange Healthcare, Ltd. (L.P.)

(2) The limited partnership was formed in the State of Georgia on October 1, 1987. On December 10, 1990 the limited partnership elected to be governed by the Revised Uniform Limited Partnership Act of Georgia. The limited partnership was authorized to transact business in Florida on November 8, 1987 and assigned document number A25289.

(3) The name and address of the limited partnership's agent for service of process is C T Corporation System, 1200 South Pine Island Road, Plantation, Florida 33324.

(4) The Secretary of State is appointed the agent of the limited partnership for service of process if its agent's authority has been revoked or the agent cannot be found or served with the exercise of reasonable diligence.

(5) The address of the principal office of the limited partnership in Georgia is: 1935 Garraux Road, Atlanta, Georgia 30327.

(6) The name and business address of each of the general partners is as follows:

[M99000000515]
SBK of Georgia, L.L.C.
1935 Garraux Road
Atlanta, GA 30327

(7) The address of the office at which is kept a list of the names and addresses of the limited partners and their capital contributions is 1935 Garraux Road, Atlanta, Georgia 30327. The limited partnership will keep such records at such address until its partnership registration in Florida is canceled or withdrawn.

(8) The mailing address of the limited partnership is 1935 Garraux Road, Atlanta, Georgia 30327.

FILED
MAR 3 2011
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

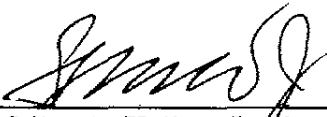
(8) The mailing address of the limited partnership is 1935 Garraux Road, Atlanta, Georgia 30327.

Under penalties of perjury we, being duly sworn, declare that we have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 24th day of March, 2004.

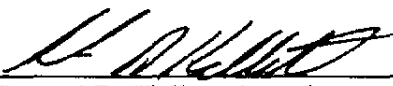
WITHDRAWING GENERAL
PARTNER:

SAK, JR., L.L.C., a Georgia limited
liability company

By: 
Stiles A. Kellett, Jr., its sole member

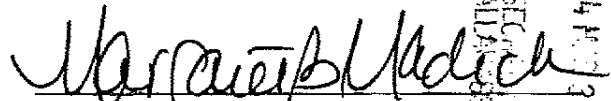
GENERAL PARTNER:

SBK of Georgia, L.L.C., a Georgia limited
liability company

By: 
Samuel B. Kellett, its sole member

STATE OF GEORGIA
COUNTY OF COBB

On this 24th day of March, 2004, the foregoing persons, who are personally known to me, personally appeared before me, and after being duly sworn, stated that the foregoing facts are true and correct.


(Notary Public Signature)
Margaret B. Madich
(Notary's Printed Name)

FILED
MAR 31 11:11
CLERK OF SUPERIOR COURT
SALIDA, FLORIDA

[SEAL]

My Commission expires: _____