

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 28 PM 12: 03

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A31421

1. Name of Limited Partnership

Osceola Health Care, Ltd.

2. Principal Office Address

605 E Robinson Street

Suite, Apt. #, etc.

Suite 730

City & State

Orlando, Florida

Zip

32801

Country

USA

3. Mailing Office Address

(same)

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

03-05

4. Date Formed or Registered
To Do Business in Florida

5/9/1991

5. FEI Number

59-3069265

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7a. Capital Contributions as shown on Record:

\$833.00

7b. Amount of Capital Contributions in FLORIDA to date:

FEES:

1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.

2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.

3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.

Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

8. Name and Address of Current Registered Agent

Name

AM&E Services LLC

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

605 E. Robinson Street

Suite, Apt. #, Etc.

Suite 730

City

Orlando

State

FL

Zip Code

32801

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

1/21/05

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

10. Name(s) of General Partner(s)

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

City, State and Zip Code

10a. Registration
Document Number

Commerce Finance Corp.

605 E. Robinson Street
Suite 730

Orlando, FL 32801

S41749

700046289997
02/10/05--01006--015 **1923.75

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

1-21-05

Typed or Printed Name of General Partner Signing Form

Telephone Number

CR2E038 (10/02)

ARNOLD, MATHENY & EAGAN, P.A.
ATTORNEYS AND COUNSELORS AT LAW
605 E. ROBINSON STREET, SUITE 730
ORLANDO, FLORIDA 32801
E-Mail: amclaw@ameorl.com

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ORLANDO, FLORIDA 32802-2967

TELEPHONE (407) 841-1550
FACSIMILE (407) 420-1829

January 26, 2005

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed under cover of this letter, please find the following documents and checks for reinstatement of the following entities:

Osceola Health Care, Ltd.

1. Limited Partnership Reinstatement form which has been completed and executed.
2. Check #19766 in the amount of \$1,923.75 to cover all fees and costs.

Commerce Finance Corporation

1. Corporation Reinstatement form which has been completed and executed.
2. Check #19765 in the amount of \$1,050.00 to cover all fees and costs.

If you have any questions regarding the above or the enclosed, please do not hesitate to contact the undersigned.

Thank you for your assistance and best regards.

Sincerely,



Dale Barnett
Executive Assistant

Enclosures