CORPORATION INFORMATION
SERVICES, INC.
120E HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
904-222-0393 FAX

800-342-8036

A95000000621

csc networks

Mail To:
P.O. Box 5828
Tallahassee, FL 32314

95 APR 17 PM 3:55

ACCOUNT NO. : 072100000032

REFERENCE : 560702 10982A

AUTHORIZATION : Patricia Pizzato

200001430012

COST LIMIT : $ 140.00

ORDER DATE : March 15, 1995

ORDER TIME : 10:27 AM

ORDER NO. : 560702

CUSTOMER NO: 10982A

4/17

CUSTOMER: A.r. Neal, Esq
MASSARI BELL JACOBS &
FORLIZZO, PA
1 Urban Center, Suite 875
4830 West Kennedy Boulevard
Tampa, FL 33609

DOMESTIC FILING

NAME: ~~PADGETT NURSING HOME, LTD.~~ CENTRAL TAMPA NURSING HOME, LTD.

RECEIVED
95 APR 17 AM 11:15
DIVISION OF CORPORATIONS

_____ ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

4/17/95

CONTACT PERSON: Jennifer Moran

EXAMINER'S INITIALS: PM

CERTIFICATE OF LIMITED PARTNERSHIP OF

CENTRAL TAMPA NURSING HOME, LTD.

The undersigned represents that he has formed a limited partnership pursuant to Section 620-101 et seq. F.S. (the "Act") and that the undersigned has executed this Certificate in compliance with the requirements of the Act. The undersigned further state:

1. The name of the limited partnership is " CENTRAL TAMPA NURSING HOME, LTD." (the "Partnership").

2. The address of the registered office of the Partnership in the State of Florida and the name and address of the registered agent of the Partnership required to be maintained by Section 620.105 of the Act at such address are as follows:

REGISTERED AGENT	REGISTERED OFFICE
Robert W. Bell, Sr.	c/o NewCare Health Corporation 3600 Oak Manor Lane Building 4 Largo, Florida 34644

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 17 PM 3:55

3. The name and business address of the General Partner is as follows:

GENERAL PARTNER	ADDRESS
Equity General Partner, Inc.	3600 Oak Manor Lane Building 4 Largo, Florida 34644

4. The mailing address of the Partnership is:

3600 Oak Manor Lane
Building 4
Largo, Florida 34644

5. The latest date upon which the Partnership is to dissolve is December 31, 2050.

WHEREFORE, the undersigned has executed this Certificate as of March 14, 1995.

Equity General Partner, Inc.

By: Robert W. Bell
Robert W. Bell, Sr.
President

PADGETT NURSING HOME, LTD.

GENERAL PARTNER'S AFFIDAVIT

FILED
STATE SECURITIES
BUREAU OF REGISTRATIONS
95 APR 17 PM 3:55

STATE OF FLORIDA

COUNTY OF PINELLAS

BEFORE ME, the undersigned authority, this day personally appeared Robert W. Bell, and after being duly sworn, he deposes and states as follows:

1. He is Robert W. Bell, President of Equity General Partners, Inc., which is the GENERAL PARTNER of CENTRAL TAMPA NURSING HOME, LTD.

2. The amount of capital contributions of the limited partner is $10.00.

3. The limited partner is not anticipated to make any further capital contributions.

FURTHER AFFIANT SAYETH NOT.

DATED this 14th day of March, 1994.

Robert W. Bell, Sr., President
Equity General Partner, Inc.

Sworn to and subscribed before
me this 14th day of March, 1995

Notary Public

PENNY A. LUBECKI
MY COMMISSION # CC 222939 EXPIRES
August 20, 1996
BONDED THRU TROY FAIN INSURANCE, INC.

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 JAN -3 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

1a. DOCUMENT #
A95000000621

CENTRAL TAMPA NURSING HOME, LTD.

Mailing Address
3000 OAK MANOR LANE, BUILDING 4
LARGO FL 34644

Principal Office Address
3000 OAK MANOR LANE, BUILDING 4
LARGO FL 34644

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a.

2. New Mailing Address, If Applicable
Suite, Apt. #, etc.
City, State & Zip

2a. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City, State & Zip

800001687128
-01/11/96--01062--040
****191.25 ****191.25

3. Date Formed or Registered to Do Business in FLORIDA	3a. Date of Last Report	4. State or Country of Formation
04/17/1995		FL

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number	7. CERTIFICATE OF STATUS REQUIRED
$10.00		59-3330171	Applied For / Not Applicable — $8.75 Additional Fee required for a Certificate of Status

8. FEES: 1) Filing Fee. Computed at a rate of $7 per $1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of $52.50 and a maximum of $437.50
2) Supplemental Fee. $138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

1+/0

9. Name and Address of Current Registered Agent

BELL, ROBERT W JR.
C/O NEWCARE HEALTH CORPORATION
3600 OAK MANOR LANE, BLDG. 4
LARGO FL 34644

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City FL Zip Code

10a. 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

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
EQUITY GENERAL PARTNER, INC.	3600 OAK MANOR LANE,	LARGO FL 34644	J91782

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

12. 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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 effect 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 Robert W. Bell, Jr. DATE 12-12-95

Typed or Printed Name of General Partner Signing Form ROBERT W. BELL Telephone Number (813) 586-4262

CR2E003 (6/95)

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