

CORPORATION INFORMATION
SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32310
904-222-9171
904-222-0391 FAX

800-342-8086

csc networks

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

ACCOUNT NO. : 072100000032

REFERENCE : 560702 10902A

AUTHORIZATION :

Patricia Pizzato

200001480012

COST LIMIT : \$ 140.00

ORDER DATE : March 15, 1995

ORDER TIME : 10:27 AM

ORDER NO. : 560702

CUSTOMER NO: 10902A

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: *CENTRAL TAMPA NURSING HOME, LTD.*
PADGETT-NURSING HOME, LTD.

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

CONTACT PERSON: Jennifer Moran

EXAMINER'S INITIALS:

RECEIVED
STATE
DIVISION OF CORPORATIONS
APR 17 PM 3:55

RECEIVED
APR 15 AM 11:15
DIVISION OF CORPORATIONS

4/17/95

ML

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 states:

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

Robert W. Bell, Sr.

REGISTERED OFFICE

c/o NewCare Health Corporation
3600 Oak Manor Lane
Building 4
Largo, Florida 34644

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

GENERAL PARTNER

Equity General Partner, Inc.

ADDRESS

3600 Oak Manor Lane
Building 4
Largo, Florida 34644

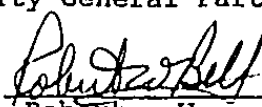
4. The mailing address of the Partnership is:

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, Sr.
President

RECEIVED
STATE
SECRETARY
MAR 17 PM 3:55

PADGETT NURSING HOME, LTD.
GENERAL PARTNER'S AFFIDAVIT

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:

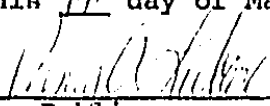
1. He is Robert W. Bell, President of Equity General Partners, Inc., which is the GENERAL PARTNER of CENTRAL TAMPA NURSING HOME, LTD.
2. The amount of capital contributions of the limited partner is \$10.00.
3. The limited partner is not anticipated to make any further capital contributions.

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. LUBECK
MY COMMISSION # CG 222939 EXPIRES
August 20, 1996
BONDED THRU TROY FAIR INSURANCE, INC.

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
MAR 17 PM 3:55

**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
Curtis M. McPherson
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 JAN -3 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A95000000621

CENTRAL TAMPA NURSING HOME, LTD.

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, if Applicable

State Apt # etc

City State & Zip

2a. New Principal Office Address, if Applicable

State Apt # etc

City State & Zip

800001687123
01/11/96-01062-040
****191.25 ****191.25

3. Date Formed or Registered to Do Business in
FLORIDA **04/17/1995**

3a. Date of Last Report

4. State or Country of Formation
FL

5a. Capital Contributions as Shown
on Record
\$10.00

5b. Amount of Capital Contributions in
FLORIDA to date

6. FID Number
59-3330171

Applied For
Not Applicable

7. CERTIFICATE OF STATUS REQUIRED
\$0.75 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 607.103, 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+10

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)

State Apt # etc

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.102, 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 620.102, 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. Registry/
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 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)(a), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(a) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this report is true and accurate and that no fraud exists that may have the same legal effect as fraud under such a further certify that I am a General Partner of this limited partnership, its owner or trustee empowered to execute this report as required by Chapter 220, Florida Statutes.

SIGNATURE

Robert W. Bell, Jr.
ROBERT W. BELL

DATE

Telephone Number

1-12-95
(813) 586-4262