

A9600000162

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED
PARTNERSHIP
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

A9600000162

1. Name of Limited Partnership

Tampa Health Properties, LTD

2. Principal Office Address - No P.O. Box #

5887 Glenridge Drive

Suite, Apt. #, etc.

Suite 150

City & State

Atlanta, Georgia

Zip

30022

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

8. Name and Address of Current Registered Agent

Name

National Corporate Research, Ltd., Inc.

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

515 East Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

FL

Zip Code

32301

9. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes

SIGNATURE (Registered Agent Accepting Appointment)

See Attached

DATE

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)

Sovereign Healthcare of Tampa, LLC

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

5887 Glenridge Drive,
Suite 150

City, State and Zip Code

Atlanta, GA 30328

10a. Registration
Document Number

M03000002331

REINSTATEMENT

2005-2011
- *left*

700201720307
04/15/11--01004--007 **8.75

700201720307
04/14/11--01001--004 **7000.00

B Tadlock APR 13 2011

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 exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE

Sovereign Healthcare of Tampa, LLC, by:

R. Mark Cronquist

DATE

4/12/11

Typed or Printed Name of General Partner Signing Form

R. Mark Cronquist

Telephone Number

(404) 250-1846

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 APR 13 PM 3:32

CR2E039 (1/11)

4. Date Formed or Registered
To Do Business in Florida

January 24, 1996

5. FEI Number

59-3363325

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. FEES:

Filing Fee(s): \$411.25 for each year due this office.

Supplemental Fee(s): \$88.75 for each year due this office.

Penalty Fee(s): \$500 for each year or part thereof limited
partnership revoked on our records.


E-mail Address:

rmcronquist@southernltc.com

E-Mail address to be used for future annual report notices.

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


If Changing Registered Agent, Signature of New Registered Agent
ANN MARIE CUMMINS, ASST. SECY.

Greenberg Traurig, P.A.

Requester's Name

Address

City/State/Zip

Phone #

Please call June at 222-6891 when ready.
Thank you!

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Tampa Health Properties, LTD. A96000000162
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

Please call

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☒ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name
- X Reinstatement of LP

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials