

APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIP



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 APR 20 AM 11:26

DOCUMENT # A97000000228

1. Name of Limited Partnership

Hickory Assisted Living, Limited Partnership

DO NOT WRITE IN THIS SPACE.

2. Mailing Address

1200 S. Pine Island Rd.

Suite, Apt. #, etc.

City & State

Plantation, Florida

Zip

33324

Country

U. S.

3. Principal Office Address

1350 South Hickory Street

Suite, Apt. #, etc.

City & State

Melbourne, Florida

Zip

32901

Country

U. S.

4. Date Formed or Registered
To Do Business in Florida

January 27, 1997

5. FEI Number

59-3453782

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status.

7. State or Country of Formation

Florida

8a. Capital Contributions as Shown
on Record:

\$3,000,000.00

8b. Amount of Capital Contributions in
FLORIDA to date:

\$3,000,000.00

FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, 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 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

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
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Names of General Partner(s)

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

City, State and Zip Code

11a. Registration
Document Number

Health First Assisted
Living, Inc.

1350 S. Hickory St.

Melbourne, FL
32901

59-3453779

896-89845

000002503280--6

04/28/98-01079-017

*****535.00 *****535.00

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 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.

Health First Assisted Living, Inc., General Partner

SIGNATURE

George J. Schman

DATE

4/16/98

Typed or Printed Name of General Partner Signing Form

Health First Assisted Living, Inc.

Telephone Number (901) 763-1762

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LAW OFFICES
BLACK BOBANGO & MORGAN
A PROFESSIONAL CORPORATION
530 OAK COURT DRIVE • SUITE 345
MEMPHIS, TENNESSEE 38117
(901) 762-0530
FACSIMILE
(901) 683-2553

April 17, 1998

Florida Secretary of State
Division of Corporations
Attn: Partnership Section
P. O. Box 6327
Tallahassee, FL 32314

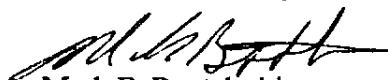
Re: Hickory Assisted Living, Limited Partnership Annual Report

Dear Sir/Madam:

Enclosed please find the executed annual report for the above Florida limited partnership. Additionally, please find a check for \$535.00 for the filing fee and supplemental fees, as well as for a copy of the certificate of status. I have not enclosed a payment for a \$500.00 penalty for failure to file the above form. Pursuant to a discussion with a representative of your office, I have not included the penalty because the forms were mailed to the location of the a nursing home facility owned by this entity in Melbourne, Florida. The forms were not forwarded for completion. Upon learning of the deficiency in filing two (2) weeks ago, our office called the division of corporations and requested the appropriate forms. I received the forms this week. Please alter the notice address for future correspondence from your office to c/o CT Corporation at 1200 South Pine Island Road, Plantation, Florida, 33324 to avoid the problem with future notice.

If you have any questions, please contact me. Otherwise, I will consider the annual statement filed. Thank you for your attention to this matter.

Sincerely,
BLACK BOBANGO & MORGAN
A Professional Corporation



Mark E. Beutelschies
MEB/hmg
Enclosure