

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**2001
LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 OCT 24 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **A97-228**

1. Name of Limited Partnership

Hickory Assisted Living, LP

2. Principal Office Address

540 East Hibiscus Blvd

Suite, Apt. #, etc.

City & State

Melbourne, FL

Zip

32901

Country

USA

3. Mailing Office Address

540 East Hibiscus Blvd

Suite, Apt. #, etc.

City & State

Melbourne, FL

Zip

32901

Country

USA

4. Date Formed or Registered
To Do Business in Florida

1/27/97

5. FEI Number

59-3453782

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:

1,500,000.00

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

1,500,000.00

8. Name and Address of Current Registered Agent

Name

CT Corp. System

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

1200 South Pine Island Rd.

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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.

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)

U. Rubin

DATE

10/17/01

**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

Health First Assisted Living, Inc.

**540 East Hibiscus Blvd
Melbourne, FL 32901**

P96000089845

500004652675--5

-11/01/01--01048--005

*****526.25 ***150.00**

526.25

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

U. Rubin

DATE

10/17/01

Typed or Printed Name of General Partner Signing Form

Uri Rubin - Health First Assisted Living Inc.

Telephone Number

561-735-0075

CR2E039 (9/01)