


APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary
DIVISION OF CORPORATIONS

DOCUMENT # A98000001954

1. Name of Limited Partnership
HEIGHTS HEALTHCARE LIMITED PARTNERSHIP

2. Mailing Address
210 S. Parsons Ave.
Suite, Apt. #, etc.
Ste. 12
City & State
Brandon, FL
Zip
33511
Country
Hillsborough

3. Principal Office Address
210 S. Parsons Ave.
Suite, Apt. #, etc.
Ste. 12
City & State
Brandon, FL
Zip
33511
Country
Hillsborough

4. Date Formed or Registered
To Do Business in Florida
99 JUN 28 PM 3:17

5. FEI Number
☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ See 2a. Additional Fee required for a Certificate of Status

7. State or Country of Formation
Florida

8a. Capital Contributions as Shown on Record
\$2,250,003.00

8b. Amount of Capital Contributions in FLORIDA to date
\$750,000

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
David R. Vaughan
210 S. Parsons Avenue
Suite 12
Brandon, FL 33511

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: *David R. Vaughan* DATE: 6/25/99

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)
HEIGHTS HEALTHCARE
COMPANY, L.L.C.

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)
210 S. Parsons Ave.
Suite 12

City, State and Zip Code
Brandon, FL 33511

11a. Registration
Document Number
M98000000905

200002921692--4
-07/01/99--01103--011
***1035.00 ***1035.00

PENALTY \$500.00
AR 437.50
ARSUPP 88.75
CUS 8.75
\$1,035.00

REINSTATEMENT 1999

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.

SIGNATURE: *David R. Vaughan* DATE: 6/25/99

Typed or Printed Name of General Partner Signing Form: David R. Vaughan Telephone Number: 813-651-4184

CRE2039 (12/98)