

B03000000199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

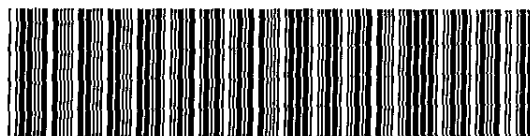
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03 JUN -5 AM 10:06
STATE REGISTRATIONS
TALLAHASSEE, FLORIDA

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03 JUN -6 AM 10:51
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CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Genezen Healthcare Southwest Region, L.P.

Filing Evidence

- Plain/Confirmation Copy
- Certified Copy

Retrieval Request

- Photocopy
- Certified Copy

Type of Document

- Certificate of Status
- Certificate of Good Standing
- Articles Only
- All Charter Documents to Include Articles & Amendments
- Fictitious Name Certificate
- Other

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign LP
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

03 JUN -8 AM 10:51
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. GENEZEN HEALTHCARE SOUTHWEST REGION, L.P.
(Name of limited partnership as it is in the home state)

2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. TEXAS AUGUST 29, 2002
(State of Formation) (Date of Formation)

5. NRAI Services, Inc.
(Name of Registered Agent for Service of Process)

6. 526 E. Park Avenue
(Street Address of Registered Office)

Tallahassee Florida 32301
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:
Ed Hand - Asst Secretary
(Agent must sign on this line)

8. 4975 Preston Park Boulevard, Suite 150 Plano, Texas 75093
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS STREET ADDRESS
F03000002828
Genezen Management Southwest Region, Inc.
c/o Terry McCord as Chief Executive Officer
4975 Preston Park Boulevard, Suite 150 Plano, Texas 75093

10. 4975 Preston Park Boulevard, Suite 150 Plano, Texas 75093
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

12. Mr. Terry McCord, c/o Genezen Healthcare Southwest Region, L.P.

4975 Preston Park Boulevard, Suite 150 Plano, Texas 75093

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 28th day of May, 2003

Terry McCord
General Partner

STATE OF Texas

COUNTY OF Collin

On this 28th day of May, 2003

Terry McCord as Chief Executive Officer of Genezen Management [REDACTED] Southwest Region, Inc. personally appeared before me,

who is personally known to me

whose identity I proved on the basis of _____

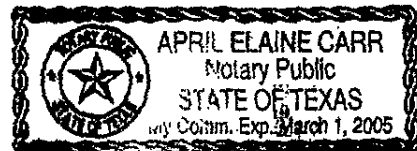
April Elaine Carr
(Notary Public Signature)

April Elaine Carr
(Notary's Printed Name)

Seal

My Commission Expires: March 1, 2005

FILED
03 JUN -6 11 AM '03
STATE
TALLAHASSEE, FLORIDA



AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

Terry McCord as Chief Executive Officer of Genezen Management [redacted] Southwest Region, Inc. BEFORE ME the undersigned personally appeared [redacted] a general partner of Genezen Healthcare Southwest Region, a (an) Texas limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

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MAY 6 AM 10:51
STATE OF TEXAS
NOTARY PUBLIC

- 1. The amount of capital contributions of the limited partners is \$ 175,000.
- 2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 0.

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 28th day of May 2003

[Signature]
General Partner

STATE OF Texas

COUNTY OF Collin

On this 28th day of May, 2003

Terry McCord as Chief Executive Officer of [redacted], personally appeared before me, Genezen Management [redacted] Southwest Region, Inc.

- who is personally known to me
- whose identity I proved on the basis of _____

[Signature]
(Notary Public Signature)

[Printed Name]
(Notary's Printed Name)

Seal

My Commission Expires: March 1, 2005

