

**SEPTEMBER 29, 1995**

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-10/05/95--01001--003  
\*\*\*\*\*91.00 \*\*\*\*\*91.00

**RETURN STAMPED SELF ADDRESSED ENVELOPE ENCLOSED.**

**GRAYSON S. GENTZEL**  
**9720 EXECUTIVE CENTER DRIVE N #110**  
**ST. PETERSBURG, FL 33702**

FILED  
1995 NOV -3 AM 10:50  
SECURITY DIVISION  
TALLAHASSEE, FLORIDA

Name	
Availability	
Document Examiner	
Dated:	100
No judgement	100
P. Verifier	100

Some people have  
P95000051230

B95000000395

8,000.00

## Home Care Partners, Inc.

9720 Executive Center Drive  
Suite 110  
St. Petersburg, Florida 33702

Telephone (813) 579-4213 Ext. 242  
Fax (813) 570-2898

October 13, 1995

Diane Cushing  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Ms. Cushing:

**Re: Home Care Partners Limited Partnership**

I refer to the recent rejection of the registration of the above limited partnership which has tried to register as a foreign limited partnership in Florida.

The reason for the rejection was that the name was similar to a company known as Home Care Partners, Inc. I believe that our lawyer, Peter Double has spoken to you in connection with the above matter, and he has explained to you that both Home Care Partners, Inc. and Home Care Partners Limited Partnership are controlled by the same persons, and both of them are ultimately owned by the same persons.

In the circumstances we would be grateful if you will please proceed to register Home Care Partners Limited Partnership.

We hereby give our consent to the registration of Home Care Partners Limited Partnership in the state of Florida.

If you have any questions concerning the above, please contact myself or my assistant Beth Scanlan at (813) 579-4213 Ext. 242.

Yours Sincerely,



Grayson Gentzel

President, Home Care Partners, Inc.

gg/bs



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

October 6, 1995

**GRAYSON S. GENTZEL**  
9720 EXECUTIVE CENTER DRIVE #110  
ST PETERSBURG, FL 33702

**SUBJECT: HOME CARE PARTNERS LIMITED PARTNERSHIP**  
Ref. Number: W95000019924

We have received your document for HOME CARE PARTNERS LIMITED PARTNERSHIP and your check(s) totaling \$91.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited partnership is not available. A foreign limited partnership whose name is not available in Florida must adopt another name which contains the words "Limited" or its abbreviation "Ltd." for use in the state of Florida. Please complete number 2 on the application with an alternate name for use in Florida.

The name is not available as you have it on line 2 either. Florida does not make enough difference.

Every corporation, limited partnership, general partnership, or trust listed as a general partner of a limited partnership or a managing member or manager of a limited liability company must have an active registration/filing on file with this office before this filing will be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6913.

Diane Cushing  
Corporate Specialist

Letter Number: 495A00045405

Sandra B. Mortham, Secretary of State

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR AUTHORIZATION  
TO TRANACT BUSINESS IN FLORIDA**

1. HOME CARE PARTNERS LIMITED PARTNERSHIP  
(Name of limited partnership as it is in the home state;

2. HOME CARE PARTNERS (FLORIDA) LIMITED PARTNERSHIP  
(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. Nevada 4. 22 September 1995  
(State of Formation) (Date of Formation)

5. Grayson S. Gentzel  
(Name of Registered Agent for Service of Process)

6. 9939 Fourth St.  
(Street Address of Registered Office)

65 St North Petersburg, Florida 33702  
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process.

XG [Signature]  
(Agent must sign on this line)

8. 3064 Silver Sage Drive, Suite 102, Carson City, NV 89701  
(Address of registered office required in state of formation or, if not required, address of principal office.)

**9. NAMES OF GENERAL PARTNERS**

**SPECIFIC ADDRESS**

<u>HOME CARE PARTNERS MANAGEMENT LLC</u>	<u>3064 Silver Sage Drive</u>
	<u>Suite 102</u>
<u>1950000000313</u>	<u>Carson City, NV 89701</u>

10. 3064 Silver Sage Drive, Suite 102, Carson City, NV 89701  
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

FILED  
1995 NOV -3 AM 10:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 cancelled or withdrawn.

12. 3064 Silver Sage Drive, Suite 102, Carson City, NV 89701  
(Mailing Address of Limited Partnership)

The Secretary of State is appointed the agent for service of process if the authority of the resident agent has been, or is revoked, or if the resident agent cannot be found or served with the exercise of reasonable diligence.

This 21<sup>st</sup> day of September, 1995.

[Signature]  
General Partner

STATE OF  
COUNTY OF

THE FOREGOING instrument was acknowledged and sworn to before me this 21<sup>st</sup> day

of September, 1995, by Grayson S. Gentzel, authorized signatory for  
HOME CARE PARTNERS MANAGEMENT LLC of  
(Name of General Partner)

HOME CARE PARTNERS LIMITED PARTNERSHIP, a Nevada  
(Name of Limited Partnership)

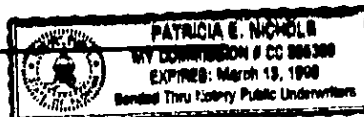
Limited Partnership, on behalf of the  
(State or Country)  
Limited Partnership.

Patricia E. Nichols  
Notary Public

State of FLORIDA at Large

(SEAL)

My Commission Expires:



## AFFIDAVIT OF CAPITAL CONTRIBUTIONS

Grayson S. Gentzel, authorized signatory for  
**BEFORE ME the undersigned personally appeared** HOME CARE PARTNERS MANAGEMENT LLC **general**  
**partner of** HOME CARE PARTNERS LIMITED PARTNERSHIP Nevada **limited partnership,**  
**hereinafter referred to as the "Partnership", who certifies as follows:**

1. The amount of capital contributions of the limited partners is \$ 980.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 8,000.00.

This 29<sup>th</sup> day of September, 1995.

### FURTHER AFFIANT SAYETH NOT.

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

*Grayson S. Gentzel*  
x \_\_\_\_\_

General Partner by

Grayson S. Gentzel, authorized signatory for  
HOME CARE PARTNERS MANAGEMENT LLC

State of FLORIDA

County of DIMMICKS

Date 9/29/95

**BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared** Grayson S. Gentzel **(General Partner), known to me and known by me to be the person who executed the foregoing Affidavit of Capital Contributions, and he acknowledged to me and before me that he executed this Affidavit as General Partner of said partnership.**

**IN WITNESS WHEREOF I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this** 29 **day of** September, 1995.

*Patricia E. Nichols*  
Notary Public

Seal

State of FL at Large



My commission expires: \_\_\_\_\_

FILED  
1995 NOV - 30 AM 10:50  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra Morton  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 JAN -2 AM 7:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership  
**Home Care Partners, Limited Partnership**

1a. DOCUMENT #  
**B9500000395**

DO NOT WRITE IN THIS SPACE

Mailing Address  
**9939 4th Street North  
St. Petersburg, FL 33702**

Principal Office Address  
**3064 Silver Sage Drive  
Suite 102  
Carson City, NV 89701**

2. New Mailing Address, If Applicable

Suite, Apt. #, etc.

City, State & Zip

2a. New Principal Office, If Applicable

Suite, Apt. #, etc.

City, State & Zip

If above addresses are incorrect in any way, file through the incorrect information and enter correct address in Block 2 and/or 2a

3. Date Formed or Registered to Do Business in  
**FLORIDA  
November 3, 1995**

3a. Date of Last Report  
**N/A**

4. State or Country of Formation  
**Nevada**

5a. Capital Contributions as Shown on Record  
**\$8,000**

5b. Amount of Capital Contributions in FLORIDA to date  
**\$980**

6. FEI Number  
**88-0346546**

Applied For

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED ☐

8. FEES: 1) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$32.50 and a maximum of \$137.50.  
2) Supplemental Fee: \$138.75 (pursuant to section 607.193, F.S.)  
THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75)  
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.  
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

9. Name and Address of Current Registered Agent

**Grayson S. Gentzel  
9939 4th Street North  
St. Petersburg, FL 33702**

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, the undersigned, 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. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do Not Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration Document Number
<b>Home Care Partners Management, L.L.C.</b>	<b>3064 Silver Sage Dr. Suite 102</b>	<b>Carson City, NV 89701</b>	<b>M9500000313</b>

CR2E003 (6/95)

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

Typed or Printed Name of General Partner Signing Form

*Authorized Signatory for Home Care Partners, Limited Partnership*  
**Authorized Signatory for Home Care Partners, Limited Partnership**

Telephone Number