

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # B98000000148

1. Entity Name

EDENCARE MANAGEMENT AND ADVISORY SERVICES, L.P.

FILED

01 APR 23 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

31 NORTH MAIN STREET
ALPHARETTA GA 30201

31 NORTH MAIN STREET
ALPHARETTA GA 30201

2. Principal Place of Business

10 Roswell Street

3. Mailing Address

10 Roswell Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 200

Ste 200

City & State

City & State

Alpharetta, GA

Alpharetta, GA

Zip

Country

Zip

Country

30004

Fulton

30004

Fulton

4. FEI Number

58-2319613

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$0.00

10. Amount of Capital Contributions
in FLORIDA to date.

0.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # F98000000949
NAME EDENCARE MANAGEMENT, INC.
STREET ADDRESS 31 NORTH MAIN STREET
CITY-ST-ZIP ALPHARETTA GA 30201

STREET ADDRESS 10 Roswell Street Ste 200
CITY-ST-ZIP Alpharetta, GA 30004

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Clark D. Hethinga 4/18/01 770 569-0494

Date

Daytime Phone #

CR2E003 (11/00)