2002	2 UNIF	OKW RAZII	NE22 KEL	'UK I	(ORK)		•		. 910
DOCUMENT # B9800000148 1. Entity Name EDENCARE MANAGEMENT AND ADVISORY SERVICES, L.P.						FILED 02 MAY 10 AM 8: 52			19798 AB
Principal Place of Business 10 ROSWELL STREET, STE. 200 ALPHARETTA GA 30004			Mailing Address 10 ROSWELL STREET. STE. 200 ALPHARETTA GA 30004			T	SECRETARY OF STATE TALL AHASSEE FLORIDA		
						4			
2. Principal Place of Business 3			. Mailing Address			910			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DUE BY MAY 1, 2002			
City & State			City & State			4. FEI Number	58-2319613	Applied For Not Applicab	le
Zip Country			Zip Coi		try	5. Certificate of Status Desired Fee Requir		8.75 Additional ee Required	
· · · · · · · ·	6. Name an	d Address of Current Re	egistered Agent	- ·	Name	7. Name and A	ddress of New Registered A	gent	-
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324					Street Addres	ress (P.O. Box Number is Not Acceptable)			
					City		FL	Zip Code	
8. The above	named entity su	ubmits this statement for t	he purpose of changing	g its registere	ed office or regis	stered agent, or both		<u></u>	\dashv
SIGNATURE									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.					outions.		DATE 11. MAKE CHECK PAYABLE	TO DEPT OF STATE	_
9. Capital Contributions as Shown on record. 10. Amount of Capita in FLORIDA to day				to date.	SEE REVERSE SIDE FOR FEE INFORMATION MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.				
	A GEI NOTE: G	eneral Partners MAY	NOT be changed o	n the form	i; an amendr	ent must be filed	to change a general part	ner.	
12. GENERAL PARTNER INFO DOCUMENT# F9800000949			NFORMATION	ORMATION 13. STREET ADDRESS			ADDRESS CHANGES ONLY	<u>′ </u>	<u>(</u> 6
NAME STREET ADDRESS CITY-ST-ZIP	11011105771 01 10001				CITY-ST-ZIP				2E003 (9/01)
DOCUMENT #				STRE	ET ADDRESS		00056202	221	품
NAME STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP	<u> </u>	00056383 -05/29/0201/ ****141.25		
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STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP				
DOCUMENT # NAME			. ———	STRE	ET ADDRESS			44	
STREET ADDRESS CITY-ST-ZIP					-ST-ZIP				
14. I hereby indicated	certify that the in I on this report is	formation supplied with the true and accurate and th	is filing does not qualif It my signature shall ha	y for the exe ave the same	mption stated in e legal effect as	Section 119.07(3)(i), if made under oath;	, Florida Statutes. I further certi that I am a General Partner of t	y that the information ne limited partnership	or

SIGNATURE:

Mundous FClark Hithney 3/4/02
PRINTED NAME OF STRING GENERAL PARTNER

Date