#1282.52

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 31 AM 11:01

2005 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # B98000000148

1. Entity Name
EDENCARE MANAGEMENT AND ADVISORY SERVICES, L.P.

Principal Place of Business	Mailing Address
~~10 ROSWELL STREET, STE. 200 ALPHARETTA, GA 30004~~	~~10 ROSWELL STREET, STE. 200 ALPHARETTA, GA 30004~~

03022005 REIN-LP CR2E100 (6/04)

2. Principal Place of Business	3. Mailing Address
11 STATE ST	11 STATE ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CHARLESTON SC	City & State: CHARLESTON SC
Zip: 29401 Country: U.S.	Zip: 29401 Country: U.S.

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE REINSTATEMENT 04-05 DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.
$0.00	

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	STREET ADDRESS	11 STATE STREET
NAME	ENDENCARE MANAGEMENT, INC.	CITY-ST-ZIP	CHARLESTON, SC 29401
STREET ADDRESS	10 ROSWELL STREET, STE. 200		
CITY-ST-ZIP	ALPHARETTA, GA 30004		
DOCUMENT #		STREET ADDRESS	09/20/05--01052--011 **1141.25
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	000000368319
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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] 4/11/05 (843)579-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #