

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

9002-8003
LIMITED PARTNERSHIP REINSTATEMENT
UBR

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 03 MAY -6 PM 2:30

DOCUMENT #

1. Name of Limited Partnership A01000000390

JMLS Family LTD

2. Principal Office Address
 1112 Weston Road
 Suite, Apt. #, etc. Suite 226
 City & State Weston, FL
 Zip 33326 Country

3. Mailing Office Address
 Same as 2
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Formed or Registered To Do Business in Florida 3/19/01

5. FEI Number 75-3066101
 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7a. Capital Contributions as shown on Record: 45,054

7b. Amount of Capital Contributions in FLORIDA to date: 45,054

8. Name and Address of Current Registered Agent

Name Brian Koslow
 Street Address (P.O. Box Number is Not Acceptable) 1112 Weston Road
 Suite, Apt. #, Etc. Suite 226
 City Weston State FL Zip Code 33326

FEES:

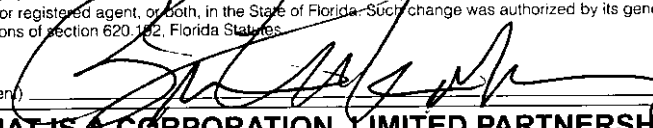
1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.

2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.

3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.

Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. 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 hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

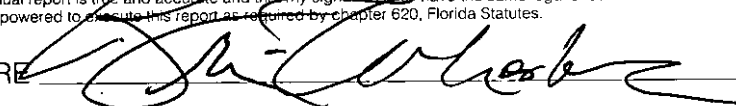
SIGNATURE (Registered Agent Accepting Appointment)  DATE 3/1/03

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
Medical Practice Strategies, Inc. 08FF \$400.63 03FF 400.63 \$801.26	1112 Weston Road	Weston, FL 33326	P00000112308
		05/07/03--01019--006 **482.44	
		700012472237 02/14/03--01003--013 **630.70	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. 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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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  DATE 12/20/02

Typed or Printed Name of General Partner Signing Form Telephone Number

CR2E039 (10/02)



ACCOUNTANTS & CONSULTANTS
A PROFESSIONAL CORPORATION

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December 13, 2002

Division of Corporations
Attn: Partnership Section
PO Box 6327
Tallahassee, FL 32314-6327

Re: JMLS Family LTD
Document # A01000000390

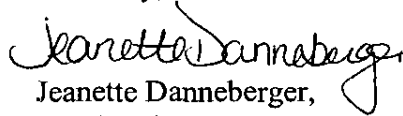
To Whom It May Concern:

We are the accountants for the above referenced partnership and have been asked to respond regarding their fee for the application for reinstatement.

Enclosed please find the completed application for reinstatement your office provided. We are requesting the fees be waived for the reason that we only received one uniform business report notice, not two as stated in the packet.

We thank you for your advanced cooperation in resolving this matter. If you have any questions, please do not hesitate to contact our office at your convenience.

Sincerely,


Jeanette Danneberger,
For the Firm