

Sep. 8. 2003 10:01AM  
Division of Corporations

# AD3000001294

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : KRAMER, GREEN, ZUCKERMAN & KAHN, P.A.  
Account Number : 073707002173  
Phone : (954) 966-2112  
Fax Number : (954) 981-1605

03 SEP - 8 AM 10:10  
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DIVISION OF CORPORATIONS

**FLORIDA LIMITED PARTNERSHIP**  
**PRIMECARE LEASING & MANAGEMENT, LTD.**

03 SEP - 8 AM 10:09  
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DIVISION OF CORPORATIONS

Certificate of Status	0
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*Handwritten initials/signature*

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**CERTIFICATE OF LIMITED PARTNERSHIP**

Pursuant to Section 620.108 of the Florida Statutes, the following statement is made:

1. The name of the Limited Partnership is **PRIMECARE LEASING & MANAGEMENT, LTD.**

2. The address of the office and the name and address of the agent for service of process required to be maintained by Section 620.105 of the Florida Statutes is:

Robert M. Kramer  
KRAMER, GREEN, ZUCKERMAN, GREENE & BUCHSBAUM, P.A.  
4000 Hollywood Boulevard, Suite 485 South  
Hollywood, Florida 33021

3. The name and business address of each General Partner is:

PRIMECARE GENERAL PARTNER, INC.  
c/o Mark E. Kutner  
10095 North Kendall Drive  
Suite 102  
Miami, FL 33176

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RECEIVED  
STATE OF FLORIDA  
DEPARTMENT OF REVENUE

4. The mailing and street address for the Limited Partnership is :

PRIMECARE LEASING & MANAGEMENT, LTD.  
c/o Mark E. Kutner  
10095 North Kendall Drive  
Suite 102  
Miami, FL 33176

5. The latest date upon which the Limited Partnership is to dissolve is December 31, 2052.

PRIMECARE GENERAL PARTNER, INC.

BY: *ES*  
Eric S. Smith, President

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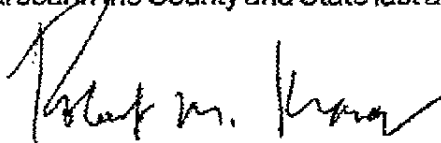
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STATE OF FLORIDA }  
COUNTY OF Broward }

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared ERIC S. SMITH, as President of PRIMECARE GENERAL PARTNER, INC., General Partner of PRIMECARE LEASING & MANAGEMENT, LTD., to me known to be the person described in and who executed the foregoing Certificate of Limited Partnership and he acknowledged before me that he executed the same. He is personally known to me ~~or produced~~ as identification, and he did take an oath.

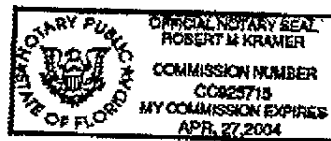
WITNESS my hand and official seal in the County and State last aforesaid this 7<sup>th</sup> day of ~~June~~, 2003.

September



NOTARY PUBLIC

My Commission Expires:



US SENT 09-08-03 10:10:10  
SEP 10 2003  
FBI

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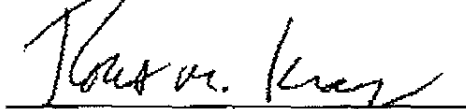
**ACKNOWLEDGMENT OF APPOINTMENT OF REGISTERED AGENT**

**PRIMECARE LEASING & MANAGEMENT, LTD.**

The undersigned, having been named the Registered Agent for the above Limited Partnership at 4000 Hollywood Boulevard, Suite 485 South, Hollywood, Florida 33021, the undersigned hereby accepts the same and agrees to act in this capacity and agrees to comply with the provisions of Florida law relative to keeping the registered office open.

Dated: September 7<sup>th</sup>, 2003.

REGISTERED AGENT:



ROBERT M. KRAMER

K:\BOB\SMITH-MATZALTD\REG-AGENT.ACK.wpd

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LIMITED PARTNERSHIP AFFIDAVIT

STATE OF FLORIDA }  
COUNTY OF Brevard }

Pursuant to Section 620.108 of the Florida Statutes, the following statement is made:

1. The undersigned is the sole General Partner of PRIMECARE LEASING & MANAGEMENT, LTD.

2. The amount of the original capital contributions of the Limited Partners is \$990. The additional amount anticipated to be contributed by the Limited Partners is \$0.

FURTHER AFFIANT SAYETH NAUGHT.

GENERAL PARTNER:

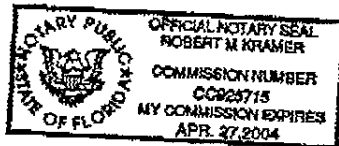
PRIMECARE GENERAL PARTNER, INC.,  
a Florida Corporation

BY: [Signature]  
ERIC S. SMITH, President

03 SEP -8 2M10:10  
SECRETARY OF STATE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared ERIC S. SMITH, President of PRIMECARE GENERAL PARTNER, INC., a Florida corporation, General Partner of PRIMECARE LEASING & MANAGEMENT, LTD., to me known to be the person described in and who executed the foregoing Limited Partnership Affidavit and he acknowledged before me that he executed the same. He is personally known to me or produced as identification and he did take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 7<sup>th</sup> day of ~~June~~, 2003.  
September



[Signature]  
NOTARY PUBLIC, State of Florida  
ROBERT M. KRAMER  
Print Name

My Commission expires: