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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

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

FLORIDA/FOREIGN LP/LLLP

Cardiovascular Management Services, LLLP

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,052.50

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T. HAMPTON

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MAY 26 2009

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARDIOVASCULAR MANAGEMENT SERVICES, LLLP
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

MITCHELL F. GREEN, ESQ.
(Contact Person)

(Firm/Company)
4000 Hollywood Blvd., Suite 485S
(Address)

Hollywood, FL 33021
(City, State and Zip Code)

For further information concerning this matter, please call:

Mitchell F. Green at (954) 966-2112
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)
- \$1,008.75 Filing Fees and Certificate of Status
- \$1,052.50 Filing Fees and Certified Copy
- \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

CR2E030 (01/06)

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**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. CARDIOVASCULAR MANAGEMENT SERVICES, LLLP

*(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.
or LLLP.*

2. 350 NW 84th Avenue, Suite 300

(Street address of initial designated office)

Plantation, FL 33324

3. Mitchell F. Green

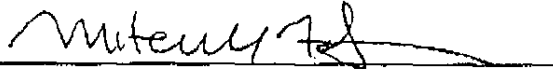
(Name of Registered Agent for Service of Process)

4. 4000 Hollywood Boulevard, Suite 485 South

(Florida street address for Registered Agent)

Hollywood, FL 33021

5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Signature of Registered Agent

6. 350 NW 84th Avenue, Suite 300

(Mailing address of initial designated office)

Plantation, FL 33021

7. If limited partnership elects to be a limited liability limited partnership, check box

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8. Name and business address of each general partner:

Name:

Business Address:

Richard Brezing, M.D.

350 NW 84th Avenue, Suite 300

Plantation, FL 33324

Harold Roberts, M.D.

350 NW 84th Avenue, Suite 300

Plantation, FL 33324

9. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this 22nd day of May, 2009

Signature of each general partner:

x *Richard Brezing*

x *Harold Roberts*

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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