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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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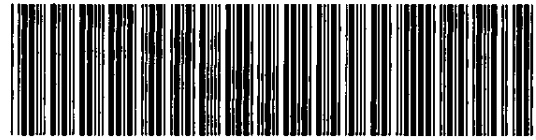
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Effective Date 10/01/10

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

SEP 30 2010

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cardio-Thoracic Surgical Institute of South Florida, 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)

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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

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TALLAHASSEE, FLORIDA

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

1. Cardio-Thoracic Surgical Institute of South Florida, 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.

Effective Date 10/01/10

2. 5601 North Dixie Highway - Suite 209  
(Street address of initial designated office)

Fort Lauderdale, FL 33334

3. MITCHELL F. GREEN  
(Name of Registered Agent for Service of Process)

4. 4000 Hollywood Blvd, Suite 485S  
(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. 5601 North Dixie Highway - Suite 209  
(Mailing address of initial designated office)

Fort Lauderdale, FL 33334

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

8. Name and business address of each general partner:

Name:

Business Address:

Irving David, M.D., P.L.

5601 North Dixie Highway - Suite 209

#L03000006362

Fort Lauderdale, FL 33334

Stuart L. Boe, M.D., P.A.

5601 North Dixie Highway - Suite 209

#P01000019417

Fort Lauderdale, FL 33334

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

October 1, 2010

(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 28 day of September, 2010.

Signature of each general partner:

x

David Irving, M.D., P.L., By Irving B. David, Manager

x

Stuart L. Boe, M.D., P.A. By Stuart L. Boe, President

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

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75