

A95000001054

Akerman Senterfitt
(Requestor's Name)

(Address)

(City, State, Zip) (Phone #)

RECEIVED

95 JUL 13 PM 2:30

DIVISION OF CORPORATION

500001537865

-07/14/95--01037--003

*****87.50 *****87.50

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Comprehensive Care Systems of Sarasota, Limited
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in ☒ Pick up time 3:15

☐ Certified Copy

☐ Mail out ☒ Will wait ☐ Photocopy

☐ Certificate of Status

FILED
1995 JUL 13 PM 3:03
TALLAHASSEE, FLORIDA
DIVISION OF STATE

NEW FILINGS	
☐	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

7-13-95a
FF - \$52.50
RA - 35.00

A95000001054

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
COMPREHENSIVE CARE SYSTEMS OF SARASOTA, LIMITED**

FIRST: The name of the limited partnership is:

Comprehensive Care Systems of Sarasota, Limited

SECOND: The business address of the limited partnership is:

1390 Main Street
Sarasota, Florida 34236

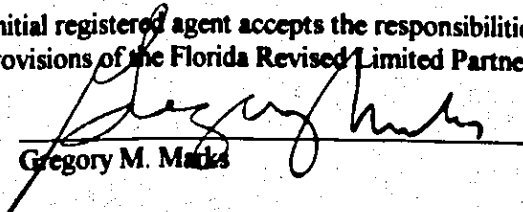
THIRD: The name of the initial registered agent for service of process is:

Gregory M. Marks

and the street address of the registered agent is:

1390 Main Street
Sarasota, Florida 34236

FOURTH: The initial registered agent accepts the responsibilities of a registered agent under the provisions of the Florida Revised Limited Partnership Act.


Gregory M. Marks

FIFTH: The mailing address of the limited partnership is:

1390 Main Street
Sarasota, Florida 34236

SIXTH: The latest date the limited partnership is to dissolve is:

December 31, 2050

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

1995 JUL 13 PM 3:03

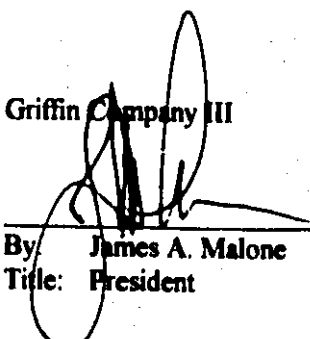
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SEVENTH: The name and address of the limited partnership's general partner is:

Griffin Company III
1390 Main Street
Sarasota, Florida 34236

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Limited Partnership this 12th day of July, 1995.

Griffin Company III

By: 
Title: President

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CLERK OF STATE
TALLAHASSEE, FLORIDA

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
TO
COMPREHENSIVE CARE SYSTEMS OF SARASOTA, LIMITED**

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1995 JUL 13 PM 3:03
TALLAHASSEE FLORIDA

The undersigned constituting the sole general partner of Comprehensive Care Systems of Sarasota, Limited, a Florida limited partnership, certifies:

The amount of capital contributions to date of the limited partners is \$1,000.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$1,000.00.

FURTHER AFFIANT SAYETH NOT:

Under the penalties of perjury, I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct this 12th day of July, 1995.


GRIFFIN COMPANY, III

By: James A. Malone
Title: President

03-06-95 03:01PM FROM 941 951 1495

TO 19049224000

F001/006

A95000001054

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96 MAR -6 AM 9:54

3/06/96

FLORIDA DIVISION OF CORPORATIONS
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FROM: RISCORP MANAGEMENT SERVICES, INC.
1390 MAIN STREET

((H96000003209))
TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

SARASOTA FL 34236-

CONTACT: VEANNA J MCAHREN

PHONE: (941) 951-2022

FAX: (941) 366-0671

((H96000003209))

DOCUMENT TYPE:

VOLUNTARY CANCELLATION OF LP

NAME: COMPREHENSIVE CARE SYSTEMS OF SARASOTA, LIMITED

FAX AUDIT NUMBER: H96000003209

CURRENT STATUS: REQUESTED

DATE REQUESTED: 03/06/1996

TIME REQUESTED: 13:42:46

CERTIFIED COPIES: 1

CERTIFICATE OF STATUS: 0

NUMBER OF PAGES: 1

METHOD OF DELIVERY: FAX

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((H96000003209))

** ENTER 'M' FOR MENU. **

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03-06-95 03:01PM FROM 941 951 1495

TO 19049224000

P002/006

FAX AUDIT 0896-3229

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96 MAR -6 AM 9:54

**CERTIFICATE OF CANCELLATION OF
CERTIFICATE OF LIMITED PARTNERSHIP OF
COMPREHENSIVE CARE SYSTEMS OF SARASOTA, LIMITED**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Sections 620.113 and 620.114 of the Florida Partnership Laws, the undersigned, as General Partner of COMPREHENSIVE CARE SYSTEMS OF SARASOTA, LIMITED, adopts the following Certificate of Cancellation for the purpose of canceling the Certificate of Limited Partnership filed on July 13, 1995.

-A9500000-
1054

This Certificate of Cancellation is being filed because the partnership was never formed.

The effective date of cancellation of the Limited Partnership is the date of filing this certificate.

Under the penalties of perjury, the undersigned affirms that the facts stated herein are true this 5th day of March, 1996.

GRIFFIN COMPANY III, General Partner

By: 
James A. Malone, President

F:\Venns\c_mahren\compsan.doc

Prepared by: Veenns J. Mahren
1390 Main Street
Sarasota, FL 34236
(941) 951-2022

FAX AUDIT 0896-3209