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Examiner's Initials

CR2E031(7/97)

By 4/25

STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

1. <u>U</u>	The name of the limited partnership as identified ROSOUTH CLINICAL SERVICES, LTD.	in the records of the Florida Depart	tment of State:	
<u>Ins</u> or	ert limited partnership's Florida document numbe		_	-
At	ach certificate of limited partnership, affidavit of a	capital contributions and applicable	limited partners	ship
2.	Suffix adopted for the above named partnership:	LLLP LLP, L.L.L.P.)	<u> </u>	
3.	The street address of its chief executive office:	4709 SW 75th Avenue Miami, Florida 3315		-
4.	The street address of principal office in Florida: (if different from above)	4709 SW 75th Avenue Miami, Florida 3315	5 TALL	
5.	The limited partnership hereby elects to be a limit	ted liability limited partnership.	SEP 2	7]
5.	The effective date of this filing shall be: X as of the date this document is filed with or a date later than the time of filing:	the Florida Secretary of State	25 PM 1: 02	O
7.	The name and Florida street address of the partner UROSOUTH, INC.	ership's agent for service of process	:	
	7000 SW 62nd Avenue, #340			<u>. </u>
	Miami	, Florida 33143		
ta	e execution of this statement as a partner constituted herein are true. ned this	tes an affirmation under the penaltie	s of perjury tha	t the facts
Sig	nature of TWO Partners:			· · · · · · · · · · · · · · · · · · ·
Гур	ed or printed names of partners signing above:	STEPHEN PIERCE, Limite UROSOUTH, INC., General Stephen Fierce, CEO		
	Certified Con	g Fee: \$25.00 py (optional): \$52.50 Status (optional): \$8.75	OO SEP 25 SECRETARY O TALLAHASSEE,	