

# **2010 LIMITED PARTNERSHIP REINSTATEMENT**

DOCUMENT# A01000000390

Entity Name: JMLS FAMILY LTD.

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1112 WESTON ROAD, #226  
WESTON, FL 33326

**New Principal Place of Business:**

3101 SOUTH OCEAN DRIVE  
HOLLYWOOD, FL 33019

**Current Mailing Address:**

1112 WESTON ROAD, #226  
WESTON, FL 33326

**New Mailing Address:**

3101 SOUTH OCEAN DRIVE  
#2208  
HOLLYWOOD, FL 33019

FEI Number: 75-3066101      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**Name and Address of Current Registered Agent:**

COHN, ALAN B  
100 WEST CYPRESS CREEK ROAD  
SUITE 700  
FORT LAUDERDALE, FL 33309 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: P00000112308  
Name: MEDICAL PRACTICE STRATEGIES, INC.  
Address: 1112 WESTON ROAD  
City-St-Zip: WESTON, FL 33326

**ADDRESS CHANGES ONLY:**

Address: 3101 SOUTH OCEAN DRIVE  
City-St-Zip: HOLLYWOOD, FL 33019

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: BK

MM

04/26/2010

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date