

Sunstate Research

Requester Name

Address

City/State/Zip

Phone #

A01000000851

900004452009-7
-06/29/01--01054--023
*****86.25 *****86.25

Office Use Only

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

1. Sheridan Professional Centre
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

Walk in

Pick up time _____

Mail out

Will wait

Photocopy

Certified Copy

Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- 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

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other statement of qualification Florida LLP

FILED
 RECEIVED
 01 JUN 29 PM 3:44
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 AM ID: 51
 01 JUN 29 PM 3:44
 FILED
 201

BK

Examiner's Initials

STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

1. The name of the limited partnership as identified in the records of the Florida Department of State:
SHERIDAN PROFESSIONAL CENTRE, LTD.

Insert limited partnership's Florida document number: A010000000851

or

Attach certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees.

2. Suffix adopted for the above named partnership: LLLP
(LLP, L.LLP.)

3. The street address of its chief executive office:
(if different from current recorded address):

4. The street address of principal office in Florida:
(if different from above)

5. The limited partnership hereby elects to be a limited liability limited partnership.

6. The effective date of this filing shall be:

1 st as of the date this document is filed with the Florida Secretary of State

or

_____ a date later than the time of filing:

7. The name and Florida street address of the partnership's agent for service of process:

Paul Douglas

8725 N.W. 18th Terrace, Suite 204

Miami, Florida 33172

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signed this 24 day of June, 11, 2001.

Signature of TWO Partners:

(1) Paul Douglas - President

(2) Paul Douglas

Typed or printed names of partners signing above.

(1) Sheridan Professional Centre, Inc., G.P.

(2) Individually

Filing Fee: \$25.00
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

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