A01000001485

David Prebble
Requester's Name

96 Willard St., Suite 302
Address

Cocoa, Fl. 32923-1807
City/State/Zip Phone #

Office Use Only

500004669595--8
-11/01/01--01038--001
***1862.50

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

1. (Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

FILED
01 NOV -1 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ☐ Walk in
- ☐ Pick up time ________
- ☐ Certified Copy
- ☐ Mail out
- ☐ Will wait
- ☐ Photocopy
- ☐ 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

A01-1485
AL

Examiner's Initials

CR2E031(7/97)

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: **DERMATOLOGY ASSOCIATES OF BREVARD, LLLP.**

insert limited partnership's Florida document number:

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**
"Registered Limited Liability Partnership," "Limited Liability Partnership," "R.L.L.P.,""L.L.P., ""RLLP,"or "LLP)

3. The street address of its chief executive office: **1286 South Florida Avenue Rockledge, Florida 32955**

4. The street address of principal office in Florida: **1286 South Florida Avenue Rockledge, Florida 32955**

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

6. The effective date of this filing shall be;
✓ 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:

Richard C. Kirkpatrick, 1286 South Florida Avenue, Rockledge, Florida 32955

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

FILED
01 NOV PM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signed this 31st day of October, 2001.

Signatures of TWO Partners:

GENERAL PARTNERS:

By: Richard C Kirkpatrick
RICHARD C. KIRKPATRICK

By: Mario Sequeira
MARIO J. SEQUEIRA

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