

# A02000000160

Chapter Number Only

2/4/02

MARTIN Thirer

Requestor's Name

1475 W. Cypress Creek Rd. #200

Address

Fort. Lauderdale FL 33309

City

State

ZIP

Phone

772-5551A

VALIDATION ONLY

FILED  
02 FEB -5 AM 10:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

Paris Health Services LTD.

RECEIVED  
02 FEB -5 AM 9:39  
DIVISION OF CORPORATION

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Profit                         | <input type="checkbox"/> Amendment       | <input type="checkbox"/> Merger                     |
| <input type="checkbox"/> NonProfit                      | <input type="checkbox"/> Dissolution     | <input type="checkbox"/> Mark                       |
| <input type="checkbox"/> Foreign                        | <input type="checkbox"/> Annual Report   | <input type="checkbox"/> Other                      |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation     | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement                  | <input type="checkbox"/> Photo Copies    | <input type="checkbox"/> Certificate Under Seal     |
| <input type="checkbox"/> Certified Copy                 | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem            |
| <input type="checkbox"/> Walk In                        | <input type="checkbox"/> Will Wait       | <input type="checkbox"/> After 4:30                 |
| <input type="checkbox"/> Pick Up                        | <input type="checkbox"/> Mail Out        |   |

Name
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\*\*\*1785.00 \*\*\*1785.00



Empire Toll Free: 1-800-432-3028

**PARIS HEALTH SERVICES, LLC**

A Florida limited liability company  
1475 West Cypress Creek Road  
Suite 204  
Fort Lauderdale, Florida 33309

Telephone (954) 772-7878  
1-800-682-6023  
Facsimile (954) 771-2340

February 4, 2002

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02 FEB -5 AM 10:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Secretary of State  
Division of Corporations  
Tallahassee, Florida

Re: Formation of PARIS HEALTH SERVICES, LTD.

Dear Sirs:

Enclosed please find a Certificate of Limited Partnership and Affidavit of Capital Contributions for the above referenced limited partnership.

As a managing member of Paris Health Services, LLC, I hereby permit the State to issue this limited partnership in the name "Paris Health Services, Ltd".

Very truly yours,

Stephen M. Golding,  
Managing Member

SMG:rg  
Enclosures

**CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
PARIS HEALTH SERVICES LTD.**

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TALLAHASSEE, FLORIDA

1. The name of the Limited Partnership is:

PARIS HEALTH SERVICES LTD.

2. The principal place of business and mailing address of the Limited Partnership is 1475 West Cypress Rd., Suite 204, Fort Lauderdale, FL 33309.

3. The name and address of the Registered Agent for Service of Process is Merrill A. Bookstein, Counselor at Law, P.A., 2499 Glades Road, Suite 308, Boca Raton, Florida 33431.

4. The latest date upon which the Limited Partnership is to be dissolved is 2076.

5. The name and address of the General Partner is:

E-Z Auth. Management Co.  
1475 West Cypress Rd., Suite 204  
Fort Lauderdale, FL 33309

P01000117616

IN WITNESS WHEREOF, the undersigned General Partner has signed this Certificate of Limited Partnership this 4<sup>th</sup> day of February, 2002.

**GENERAL PARTNER:**

E-Z AUTH. MANAGEMENT CO.  
a Florida Corporation

By: \_\_\_\_\_

Stephen M. Golding, President

I, Merrill A. Bookstein, having been named to accept service of process for PARIS HEALTH SERVICES LTD., at the place designated in this certificate, hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

By:

Merrill A. Bookstein, Registered Agent

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

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TALLAHASSEE, FLORIDA

STATE OF FLORIDA :

COUNTY OF BROWARD :

The undersigned constituting the general partner of PARIS HEALTH SERVICES LTD., 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~~ \$750,000.

**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.

**GENERAL PARTNER:**

**E-Z AUTH. MANAGEMENT CO.**  
a Florida Corporation

By:

Stephen M. Golding, President

On this 4TH day of FEBRUARY, 2002, before me personally came STEPHEN M. GOLDING, to me personally known, who being by me duly sworn, did depose and says that the foregoing facts are true and accurate and that he is the president of **E-Z AUTH. MANAGEMENT CO.**, the corporation described herein and which executed the foregoing instrument.

Nancy A Koch  
NOTARY PUBLIC STATE OF FLORIDA

My Commission Expires:

