

# A020000000911

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)205-0383

From:

Account Name : KRAMER, GREEN, ZUCKERMAN & KAHN, P.A.  
Account Number : 073707002173  
Phone : (954) 966-2112  
Fax Number : (954) 981-1605

## FLORIDA LIMITED PARTNERSHIP

CARDIOVASCULAR MANAGEMENT ASSOCIATES, LTD.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$140.00

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DIVISION OF CORPORATION

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**CERTIFICATE OF LIMITED PARTNERSHIP**

Pursuant to Section 620.108 of the Florida Statutes, the following statement is made:

1. The name of the Limited Partnership is **CARDIOVASCULAR MANAGEMENT ASSOCIATES, LTD.**

2. The address of the office and the name and address of the agent for service of process required to be maintained by Section 620.105 of the Florida Statutes is:

Robert M. Kramer  
KRAMER, GREEN, ZUCKERMAN & GREENE, P.A.  
4000 Hollywood Blvd., Suite 485 So.  
Hollywood, Florida 33021

3. The name and business address of each General Partner is:

Richard Brezing, M.D.  
c/o South Florida Cardiovascular  
Surgical Associates, P.A.  
3001 NW 49th Avenue  
Suite 304  
Lauderdale Lakes, FL 33313

Harold Roberts, Jr., M.D.  
c/o South Florida Cardiovascular  
Surgical Associates, P.A.  
3001 NW 49th Avenue  
Suite 304  
Lauderdale Lakes, FL 33313

4. The mailing address for the Limited Partnership is :

c/o KRAMER, GREEN, ZUCKERMAN & GREENE, P.A.  
4000 Hollywood Blvd., Suite 485 So.  
Hollywood, Florida 33021

5. The latest date upon which the Limited Partnership is to dissolve is December 31, 2038.

  
RICHARD BREZING, M.D.

  
HAROLD ROBERTS, JR., M.D.

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

STATE OF FLORIDA  
COUNTY OF BROWARD }

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared RICHARD BREZING, M.D. and HAROLD ROBERTS, JR., M.D., General Partners of CARDIOVASCULAR MANAGEMENT ASSOCIATES, LTD., to me known to be the persons described in and who executed the foregoing Certificate of Limited Partnership and they acknowledged before me that they executed the same. They are personally known to me and they took an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 7<sup>th</sup> day of May, 2002.

Robert M. Kramer  
NOTARY PUBLIC

(seal)



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KRAMER, GREEN, et al

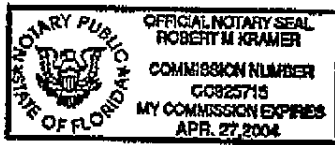
P.05/06  
(((H02000161067 2)))

WITNESS my hand and official seal in the County and State last aforesaid this 7<sup>th</sup>  
day of MAY, 2002.

*Robert M. Kramer*

NOTARY PUBLIC

(seal)



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**ACKNOWLEDGMENT OF APPOINTMENT OF REGISTERED AGENT****CARDIOVASCULAR MANAGEMENT ASSOCIATES, LTD.**

The undersigned, having been named the Registered Agent for the above Limited Partnership at 4000 Hollywood Boulevard, Suite 485 South, Hollywood, Florida 33021, the undersigned hereby accepts the same and agrees to act in this capacity and agrees to comply with the provisions of Florida law relative to keeping the registered office open.

Dated: July 3 2002.

REGISTERED AGENT:

  
ROBERT M. KRAMER

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