

A02000001064

Dwight C. Reynolds

Requester's Name

1640 W. Oakland Park Blvd.

Address

Ft. Lauderdale, FL 33311

City/State/Zip

Phone #

400006896754--2

-08/05/02--01050--021

*****87.00 *****87.00

Office Use Only

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

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 AUG -5 PM 2:18

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☐ Walk in

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NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

Name
Availability

OTHER FILINGS

Document
Examiner ☐ Annual Report
Updater ☐ Fictitious Name

Updater
Verifier DCC

Acknowledgement DCC

W. P. 102501(7/97) DCC

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

8700-48

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TC
\$5,000.00

3 pages

CERTIFICATE OF LIMITED PARTNERSHIP

1. PHYSICIANS TRAUMA SERVICES, LTR
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd", or "Limited Partnership")
2. 1640 W. OAKLAND PARK BLVD, SUITE 200, FT. LAUDERDALE, FL 33311
(Business address of Limited Partnership)
3. CHRISTINE BARBA REYNOLDS
(Name of Registered Agent for Service of Process)
4. 1640 W. OAKLAND PARK BLVD, SUITE 200, FT. LAUDERDALE, FL 33311
(Florida street address for Registered Agent)
5. Christine B. Reynolds
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 1640 W. OAKLAND PARK BLVD, SUITE 200, FT. LAUDERDALE, FL
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: _____
8. Name(s) of general partner(s): _____
Street address: _____

DWIGHT C. REYNOLDS, M.D.

1640 W. OAKLAND PARK BLVD, SUITE 200
FT. LAUDERDALE, FL 33311

Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 31 day of JULY, 2002

Signature of all general partners:

Christine B. Reynolds
General Partner

General Partner

General Partner

General Partner

General Partner

General Partner

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NEW COMPLEX

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED PARTNERSHIP**

The undersigned constituting all of the general partners of PHYSICIANS TRAUMA
SERVICES, Ltd.

a Florida Limited Partnership, certify:

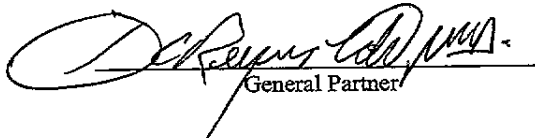
The amount of capital contributions to date of the limited partners is \$ -0-

The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 5,000.00

Signed this 31 day of JULY, 2002

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.


General Partner

General Partner

General Partner

General Partner

General Partner

General Partner

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