

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # A02000001363 1. Name of Limited Partnership RCCS HOLDINGS, LTD.			
2. Principal Office Address 701 Northlake Blvd. Suite, Apt. #, etc. Suite 208 City & State North Palm Beach, FL Zip 33408 Country USA		3. Mailing Office Address 1645 Palm Beach Lakes Blvd. Suite, Apt. #, etc. Suite 1200 City & State West Palm Beach, FL Zip 33401 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 10/11/2002		5. FEI Number 27-0033153 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7a. Capital Contributions as shown on Record \$900.00			
7b. Amount of Capital Contributions in FLORIDA to date: \$900.00			
8. Name and Address of Current Registered Agent Name George E. Harding Street Address (P.O. Box Number is Not Acceptable) 1645 Palm Beach Lakes Blvd. Suite, Apt. #, Etc. Suite 1200 City West Palm Beach State FL Zip Code 33401			
9. Pursuant to the provisions of section 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. Signature (Registered Agent Accepting Appointment) <u>George E. Harding, Registered Agent</u> Date April 22, 2004			
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE			
10. Name(s) of General Partner(s) Robert D. Simon, M.D.	Address of Each General Partner (Do NOT Use Post Office Box Numbers) 701 Northlake Blvd., Suite 208	City, State and Zip Code North Palm Beach, FL 33408	10a. Registration Document Number N/A
REINSTATEMENT 2003-2004			
Note: General Partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiving trustee empowered to execute this report as required by chapter 620, Florida Statutes.			
SIGNATURE: Typed or Printed Name of General Partner Signing Form Robert D. Simon, M.D., General Partner		DATE April 22, 2004 Telephone Number 561-845-7078	