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Division of Corporations

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03 MAR -5 AM 9:03
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524
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LIMITED PARTNERSHIP AMENDMENT
ATM ETC. OF FLORIDA, LTD.

Certificate of Status	1
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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 30, 2003

PAUL SALVER, PA

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Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Panagos Salver & Cook LLP

Certified Public Accountants

2721 Executive Park Drive, Suite 4
Weston, FL 33331

FACSIMILE TRANSMITTAL

TO: *Srv. of A Corps.*

FROM: *Kathy*

COMPANY:

DATE: *4/29/03*

FAX NO. *850-205-0383*

PAGE 1 OF *3*

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**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:

ATM ETC. OF FLORIDA, LTD.

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

(LLLP, L.L.L.P.)

3. The street address of its chief executive office: 6244 Mourning Dove Way

(if different from current recorded address):

Hobe Sound, FL 34996

4. The street address of principal office in Florida: _____

(if different from above):

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

6. The effective date of this filing shall be:

3/5/03 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:

RAYMOND REISER, ESQ.

7150 W. 20th AVENUE, SUITE 412

HTALEAH, Florida 33016

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

Signed this 14th day of February, 2003

Signature of TWO Partners: [Signature]

[Signature]

Typed or printed names of partners signing above: Frank E. Todd

Dr. Alvaro I. Martinez

Chairman, Pal-Med Health Services

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

LNHS66(1/00)

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