

MAR-12-2003

07:03

KRAMER, GREEN, ZUCKERMAN & KAHN, P.A.

03/12/2003

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Florida Department of State
Division of Corporations
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From: Account Name : KRAMER, GREEN, ZUCKERMAN & KAHN, P.A.
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FLORIDA LIMITED PARTNERSHIP
FAMILY HEALTH MANAGEMENT, LTD.

Certificate of Status	0
Certified Copy	1
Page Count	04
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H03-392

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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 FAMILY HEALTH MANAGEMENT, 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 & BUCHSBAUM, P.A.
4000 Hollywood Blvd., Suite 485 South
Hollywood, Florida 33021

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

MARTIN L. MARENUS
10101 NW 14th Street
Plantation, FL 33322

4. The mailing address and street address for the Limited Partnership is :

c/o MARTIN L. MARENUS
10101 NW 14th Street
Plantation, FL 33322

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


MARTIN L. MARENUS

((H03000078826 2))

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 MARTIN L. MARENUS, General Partner of FAMILY HEALTH MANAGEMENT, LTD., to me known to be the person described in and who executed the foregoing Certificate of Limited Partnership and he acknowledged before me that he executed the same. He is personally known to me or produced _____ as identification and he took an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 12th day of March, 2003.

Robert M. Kramer
NOTARY PUBLIC

My Commission Expires:

FILED
MAR 12 2003
TALLAHASSEE, FLORIDA

MAR 12 2003

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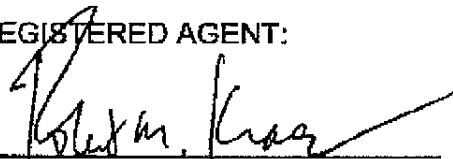
(((H03000078826 2)))

ACKNOWLEDGMENT OF APPOINTMENT OF REGISTERED AGENT**FAMILY HEALTH MANAGEMENT, 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: March 12, 2003.

REGISTERED AGENT:



ROBERT M. KRAMER03 MAR 12 PM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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LIMITED PARTNERSHIP AFFIDAVIT

STATE OF FLORIDA }
 }
COUNTY OF BROWARD }

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

1. The undersigned is the sole General Partner of FAMILY HEALTH MANAGEMENT, LTD.
2. The amount of the original capital contributions of the Limited Partners is \$990.00. The additional amount anticipated to be contributed by the Limited Partners is \$0.

FURTHER AFFIANT SAYETH NAUGHT.

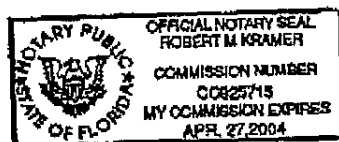

MARTIN L. MARENUS

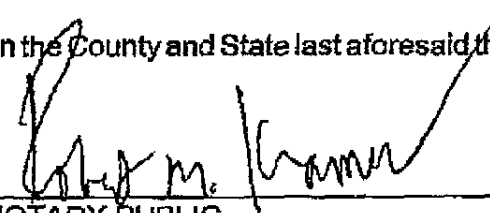
STATE OF FLORIDA }
 }
COUNTY OF BROWARD }

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 MARTIN L. MARENUS, General Partner, of FAMILY HEALTH MANAGEMENT, LTD, to me known to be the persons described in and who executed the foregoing Limited Partnership Affidavit and he acknowledged before me that he executed the same. He is personally known to me or who did produce _____ as identification and he did take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 12th day of MARCH, 2003.

(seal)




NOTARY PUBLIC

K:\BOB\MARENUS\FAMILY.LTD\AFFID.LPS.fm