

JUL-09-2003 10

KRAMER, GREEN, et al

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Division of Corporations
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FLORIDA LIMITED PARTNERSHIP

NEUROLOGICAL MANAGEMENT, LTD.

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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 **NEUROLOGICAL 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 Boulevard, Suite 485 South
Hollywood, Florida 33021

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

Melvin M. Grossman
4700 - U Sheridan Street
Hollywood, FL 33021

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

NEUROLOGICAL MANAGEMENT, LTD.
c/o Melvin M. Grossman
4700- U Sheridan Street
Hollywood, FL 33021

5. The latest date upon which the Limited Partnership is to dissolve is December 31, 2052.

GENERAL PARTNER:


MELVIN M. GROSSMAN

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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 MELVIN M. GROSSMAN, General Partner of NEUROLOGICAL 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 did take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this _____ day of June, 2003.


NOTARY PUBLIC

Dawn R Buday
Printed Name

My Commission Expires:



DAWN R. BUDAY
MY COMMISSION # DD 192532
EXPIRES May 27, 2006
Bonded thru Budget Notary Services

CLERK OF STATE
TALLAHASSEE, FLORIDA

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ACKNOWLEDGMENT OF APPOINTMENT OF REGISTERED AGENT**NEUROLOGICAL 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: July 9, 2003.

REGISTERED AGENT:


ROBERT M. KRAMER

K:\BOBIGROSSMAN-Melvin\LTD\REG-AGENT.ACK.wpd

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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KRAMER, GREEN, et al

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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 NEUROLOGICAL MANAGEMENT, LTD.

2. The amount of the original capital contributions of the Limited Partners is \$990. The additional amount anticipated to be contributed by the Limited Partners is \$0.

FURTHER AFFIANT SAYETH NAUGHT.

GENERAL PARTNER:

BY: [Signature]
MELVIN M. GROSSMAN

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 MELVIN M. GROSSMAN, General Partner of NEUROLOGICAL MANAGEMENT, LTD., to me known to be the person 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 produced _____ as identification and he did take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this _____ day of June, 2003.

[Signature]
NOTARY PUBLIC, State of Florida

[Signature]
Print Name

My Commission expires:



DAWN R. BUDAY
MY COMMISSION # DD 102852
EXPIRES: May 27, 2008
Beware Those Without Notary Seals

K:\BOB\GROSSMAN-Melvin\LTD\Ltd.Partshp-Affid.1.wpd

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