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(((H040000411413)))

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Account Name : HADDOCK PROFESSIONAL ASSOCIATION

Account Number : I20010000146
Phone : (407)679-6171
Fax Number : (407)679-8810

LIMITED PARTNERSHIP AMENDMENT

DR. HADDOCK, LTD.

Certificate of Status	 ,
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Certified Copy	1
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Estimated Charge	\$113,75

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AH-235

86.2

STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

Insert limited partnership's Florida document r	Meddock, Ltd.	
or Attach Certificate of Limited Partnership, Affir partnership filling fees.		 le limited
2. The complete name of the entity after filing	Statement of Qualification shall be:	μ_{c}
Dr. H	addock, LLLP	<u> 5</u> 5 -
	lude LLLP or L.L.L.P.)	TASS.
3. The street address of its chief executive off	fice: 3300 University Blvd., Suite 218	H ≃ C
(if different from current recorded address):	Winter Park, Florida 32792	- PG - 3
		[] F.
4. The street address of principal office in Flo	orida: 3300 University Blvd., Suite 218 Winter Park, Florida 32792	<u> </u>
(if different from above)	White I said, Florida, OA 15%	······································
or	filed with the Florida Secretary of State	
a date later than the time of fili	ng:	
 The name and Florida street address of the Edward E. Haddock, Jr. 	partnership's agent for scrvice of process:	
3300 University Blvd., Suite 218		
Winter Park	Florida 32792	
The execution of this statement as a partner co that the facts stated herein are true. Signed this	2004	of perjury
Typed or printed names of partners signing about	ove: Edwarde Haddock J. Sole General Part	704

Filing Fee: \$25.00 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75

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