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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : KRAMER, GREEN, ZUCKERMAN & KAHN, P.A.
Account Number : 073707002173
Phone : (954)966-2112
Fax Number : (954)981-1605

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DIVISION OF CORPORATION

FLORIDA LIMITED PARTNERSHIP

CHIROPRACTIC MANAGEMENT, LTD.

Certificate of Status	0
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Page Count	05
Estimated Charge	$140.00

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OFFICE OF SECRETARY OF STATE
DIVISION OF CORPORATIONS

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LIMITED PARTNERSHIP AFFIDAVIT

STATE OF FLORIDA }
COUNTY OF St Johns }

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

1. The undersigned are the sole General Partners of CHIROPRACTIC 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.

CLARK V. MONAHAN

MARTIN M. MONAHAN

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 CLARK V. MONAHAN and MARTIN M. MONAHAN, General Partners of CHIROPRACTIC MANAGEMENT, LTD., to me known to be the persons described in and who executed the foregoing Limited Partnership Affidavit and they acknowledged before me that they executed the same. They are personally known to me or produced _____ as identification and they did take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 15 day of Nov, 2004.

NOTARY PUBLIC

My Commission Expires:

Judy C Butler
My Commission DD257700
Expires January 23, 2008

Judy C. Butler
Printed Name of Notary Public

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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 CHIROPRACTIC 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:

   Clark V. Monahan
   419 Anastasia Boulevard
   St. Augustine, FL 32080

   Martin M. Monahan
   419 Anastasia Boulevard
   St. Augustine, FL 32080

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

   c/o Clark V. Monahan
   419 Anastasia Boulevard
   St. Augustine, FL 32080

5. The latest date upon which the Limited Partnership is to dissolve is December 31, 2053.

CHIROPRACTIC MANAGEMENT, LTD.

CLARK V. MONAHAN, General Partner

MARTIN M. MONAHAN, General Partner

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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STATE OF FLORIDA }
}
COUNTY OF St Johns }

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 CLARK V. MONAHAN, General Partner of CHIROPRACTIC 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 15 day of Nov, 2004.

Judy C Butler
NOTARY PUBLIC

Judy C Butler
My Commission DD257700
Expires January 23, 2008

Judy C. Butler
Printed Name

My Commission Expires:

STATE OF FLORIDA }
}
COUNTY OF St Johns }

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 M. MONAHAN, General Partner of CHIROPRACTIC 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 15 day of Nov, 2004.

Judy C Butler
NOTARY PUBLIC

Judy C Butler
My Commission DD257700
Expires January 23, 2008

Judy C. Butler
Printed Name

My Commission Expires:

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ACKNOWLEDGMENT OF APPOINTMENT OF REGISTERED AGENT

CHIROPRACTIC 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: November 18th, 2004.

REGISTERED AGENT:

ROBERT M. KRAMER

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DIVISION OF CORPORATIONS

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