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To:

Division of Corporations

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: (850)205-0383

SMAR IS PMIZ: 05 S:ON OF CORPORATION

Account Name

RUDEN, MCCLOSKY, SMITH, SCHUSTER & PUSSELL, P.A.

Account Number : 076077000521 Phone : (954)527-2428

Fax Numbes : (954)764-4996

A09-919

5. of Qu

LIMITED PARTNERSHIP AMENDMENT

MEDICAL PLAZA OF AVENTURA, LTD.

Certificate of Status	1
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Page Count	01
Estimated Charge	\$113.75

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## STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP QF MEDICAL PLAZA OF AVENTURA, LILLP

- 1. The name of the limited partnership as identified in the Certificate of Limited Partnership filed on even date herewith, Document Number: <u>A0500000519</u>, is Medical Plaza of Aventura, Ltd.
  - The Suffix adopted for the above partnership shall be LLLP.
- 3. The address of the Parmership's chief executive office is 4302 Alton Road, Suite 740, Miami Beach, Flor da 33140.
- 4. The name and street address of the Partnership's agent for the service of process in the State of Florida is Leonard Hochstein, M.D., 19495 Biscayne Boulevard, Suite 204, Avectura, Florida 33180.
  - 5. The limited partnership hereby elects to be a limited liability limited partnership.
  - This statement shall be effective as of the filing hereof.

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 9 day of March, 2005.

## **GENERAL PARTNERS:**

DEK Capital Holdings, L.J.	C a Fl	ogida	
limited liability company		<u> </u>	-
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Daniel Kane, M.D., Managing	Member	ੰਤ	pr. 70
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limited liability/company	95	**	·
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Loonard Mochstein, M.D., Ma	naging		
Member			