

A05000001812

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

From:
Account Name : PAUL SALVER, P.A.
Account Number : I20020000087
Phone : (954)389-1333
Fax Number : (954)389-1397

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LIMITED PARTNERSHIP AMENDMENT
AM TRANSCRIPTION, LTD.

Certificate of Status	1
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33.75

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STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

1. The name of the limited partnership as identified in the records of the Florida Department of State:

AM Transcription, Ltd.

Insert limited partnership's Florida document number: A05000001812

or Attach certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees.

2. The complete name of the entity after filing Statement of Qualification shall be:

AM Transcription, LLLP

(Must include LLLP or L.L.L.P.)

3. The street address of its chief executive office: 7150 W. 20th Ave., Suite 412

(if different from current recorded address):

Hialeah, FL 33018

4. The street address of principal office in Florida:

(if different from above)

5. The limited partnership hereby elects to be a limited liability limited partnership.

6. The effective date of this filing shall be:

[X] as of the date this document is filed with the Florida Secretary of State

[] a date later than the time of filing:

7. The name and Florida street address of the partnership's agent for service of process:

Paul Salver, PA

2721 Executive Park Drive, Suite 3

Weston

Florida 33331

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

X Signed this 26th day of September 2005

Signature of TWO Partners:

[Handwritten signatures]

Typed or printed names of partners signing above:

Frank N. Todd

Dr. Alvaro I. Martinez

Filing Fee: \$25.00
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