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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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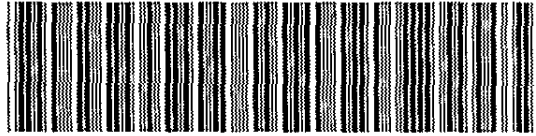
(Business Entity Name)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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July 17, 2007

Florida Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

VIA HAND DELIVERY

To Whom It May Concern:

Enclosed for filing, please find an original and one copy of the **CERTIFICATE OF LIMITED PARTNERSHIP**, and **REGISTERED AGENT CERTIFICATE**. Also enclosed is a filing fee check in the amount of **\$1,000.00** for the following entity:

**DSI INTERIM HEALTHCARE, LTD.**

Upon receipt, please "date-stamp" the copy of the letter provided and call me at 577-9090, when the document is ready to be picked up. Thank you for your assistance in this matter.

Sincerely,

*Mari-Jo Lewis-Wilkinson*

Mari-Jo Lewis-Wilkinson  
Paralegal

Enclosures

**CERTIFICATE OF LIMITED PARTNERSHIP OF**  
**DSI INTERIM HEALTHCARE, LTD.**  
**a Florida Limited Partnership**

**FILED**  
07 JUL 17 PM 3:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name. The name of the limited partnership is as follows:

**DSI INTERIM HEALTHCARE, LTD.**

2. General Partner. The name and address of the general partner of the limited partnership is as follows:

Developmental Services, Inc.  
1095 W. Morse Blvd.  
Winter Park, FL 32789

866 000076180

3. Location of Principal Place of Business and Mailing Address. The location of the principal place of business and mailing address of the limited partnership is as follows:

1095 W. Morse Blvd.  
Winter Park, FL 32789

4. Name and Address of Registered Agent. The name and address of the registered agent and office for service of process of the limited partnership are as follows:

Michael E. Neukamm  
301 E. Pine St., Suite 1400  
Orlando, FL 32801

Under penalties of perjury, the undersigned declares that the undersigned has read the foregoing and knows the contents thereof and that the facts stated herein are true and correct.

Signed this 11<sup>th</sup> day of July, 2007.

**DSI INTERIM HEALTHCARE, LTD., a Florida  
Limited Partnership**

By: DEVELOPMENTAL SERVICES, INC., a Florida  
Corporation, its sole General Partner

By:   
Terry W. Bangs, its President

**REGISTERED AGENT CERTIFICATE**

Having been named to accept service of process for DSI INTERIM HEALTHCARE, LTD., a Florida limited partnership, I hereby accept appointment as its agent and agree to act in this capacity. I further agree to comply with the provisions of all *Florida Statutes* relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

DATED this 11<sup>th</sup> day of July, 2007.

  
\_\_\_\_\_  
Michael E. Neukamm