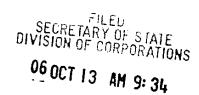
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|  | • A   | 7 SECOND   | (-                                |
|--|---|--|-----------------------------------|
| LIMITED PARTNERSHIP REINSTATEMENT  | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | SECRETARY<br>DIVISION OF COI                                     | OF STATE<br>RPORATIONS            |
| DOCUMENT #  1. Name of Limited Partnership  Henrietta Associate  | A28278<br>es, LTD.  |  |                                   |
| 2. Principal Office Address 3. Mailing Office Address 8004 N. Armenia Are 8004 N. Armenia Ar   |   | VE CR2E039   | (11/05)                           |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.   | 4. Date Formed or Registered To Do Business in Florida           |                                   |
| City & State Tampa F2  | City & State  | 5. FEI Number  SQ 29 4 8 365  Not Applied For Not Applied For    |                                   |
| 33604 Country  | 33404 Country   | 6. CERTIFICATE OF STATUS DESIRED                                 | 20.75                             |
| 8. Name and Address of Current Registered Agent Name   |   | 7. FEES:   |                                   |
| Todd k. Rosenthal  |   | Filing Fee(s): \$411.25 for each year due this office.           |                                   |
| Street Address (P.O. Box Number is Not Acceptable)   |   | Supplemental Fee(s): \$88.75 for each year due this office.      |                                   |
| Suite, Apt. #, Etc.  |   | Penalty Fee(s): \$500 for each ye partnership revoked on our rec | ,                                 |
| City Tampa   | State Zip Code FL 33604   |  |                                   |
| 9. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent, I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.   |   |  |                                   |
| SIGNATURE (Registered Agent Accepting Appointment)   |   |  |                                   |
| A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  |   |  |                                   |
| 10. Name(s) of General Partner(s)  | Address of Each General Partner<br>(Do NOT Use Post Office Box Numbers) | City, State and Zip Code   | 10a. Registration Document Number |
| Todd K. Rosenthal  | 8004 N Armenia Au   | e Tampa.FL 3360  | 벅                                 |
| Dabie Rosenthal  | 8004 N. Armenia A   |  |                                   |
| 2  |   | 70008114<br>10/24/0601022(                                       |                                   |
|  | 2.  |  |                                   |
|  |   | 1  |                                   |
| Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.  |   |  |                                   |
| 11. I'do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or |   |  |                                   |
| trustee empowered to execute this report as required by chapter 620, Florida Statutes.   |   |  |                                   |
| SIGNATURE JAM K. Rosenthal, MD Telephone Number 813-933-9131   |   |  |                                   |
| Typed or Printed Name of General Partner Signing Form  | old k. Kosenthal, M   | Telephone Number 6/3   | -453 7/31                         |



## TODD K. ROSENTHAL, M.D. 8004 North Armenia Ave. Tampa, Florida 33604

October 11, 2006

To Whom It May Concern:

It was just brought to my attention the Limited Partnership for Henrietta (document # A28278) was not filed the last two years. We would like to reinstate the Limited Partnership immediately.

We have not been notified via the mail about filing our annual report or that the partnership was dissolved. When I spoke to the Division of Corporation they indicated there was a red box to check on the form to waive the fee. It appears on the screen however when I printed the form the box was eliminated. I was then instructed to send a letter with reinstatement form. If you need any further information or assistance please feel free to contact me at 813-933-9131

Thank you for your assistance in this matter.

Sincerely,

Todd K. Rosenthal M. D.