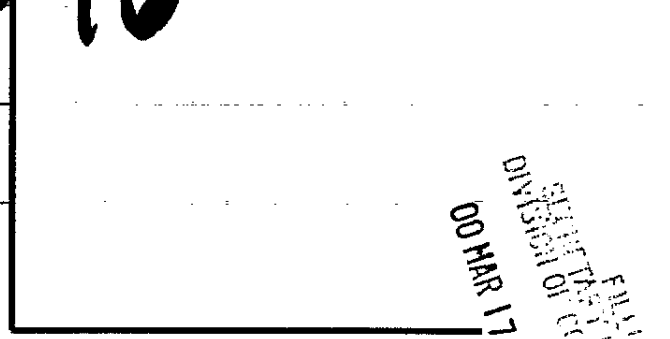


Sunstate Research
Requester's Name

A30546

Address

City/State/Zip Phone #



Office Use Only

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAR 17 PM 2:59

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Ocoee Health Care Partners Ltd.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

900003173819--9
-03/17/00--01028--025
*****77.50 *****77.50

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

- Walk in
- Mail out
- Pick up time
- Will wait
- Certified Copy
- Certificate of Status
- Photocopy

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other Qualification

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00 MAR 17 AM 9:51
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Examiner's Initials

**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:
OCOEE HEALTH CARE PARTNERS LTD.

Insert limited partnership's Florida document number: A30546
or

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

2. Suffix adopted for the above named partnership: LLLP
(LLLP, L.L.L.P.)

3. The street address of its chief executive office: N/A
(if different from current recorded address):

4. The street address of principal office in Florida: N/A
(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
or
 a date later than the time of filing:

7. The name and Florida street address of the partnership's agent for service of process:
Roger Friedbauer, c/o Shutts & Bowen
1500 Miami Center, 201 South Biscayne Blvd.,
Miami, Florida 33131

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000 MAR 17 PM 2:59

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 13th day of March, 2000.

Signature of
TWO Partners:

1) Ocoee Health Care Center, Inc.,
a Florida corporation,
General Partner

2) Roger Friedbauer and Barbara Friedbauer,
his wife, as tenants by-the-entirety,
Limited Partner

By: [Signature]
Roger Friedbauer, Its President

[Signature] Roger Friedbauer
[Signature]
Barbara Friedbauer

Filing Fee: \$25.00
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75