

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.
FILED

LIMITED
PARTNERSHIP
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 JAN 28 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **A3353**
Name of Limited Partnership
EVERGREEN PODIATRIL MANAGEMENT

800004879988-8
12/05/02-01032-004
***1282.50

Principal Office Address
41 SOUTH EVERGREEN
Mailing Office Address
341 SOUTH EVERGREEN

4. Date Formed or Registered
To Do Business in Florida
10/12/92

Suite, Apt. #, etc.

5. FEI Number
223194379
Applied For
Not Applicable

City & State
WOODBURY NJ
City & State
WOODBURY, N.J.

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

Country
USA
Country
USA

7a. Capital Contributions as shown on Record:

\$990

7b. Amount of Capital Contributions in FLORIDA to date:

\$990

8. Name and Address of Current Registered Agent

Name
KRAMER A ZUCKERMAN P.A.

Street Address (P.O. Box Number is Not Acceptable)
4000 HOLLWOOD BLVD Suite 485 South

Suite, Apt. #, etc.
Suite 485 South

City, State, Zip Code
HOLLWOOD FL 33027

FEES:

1. Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
 2. Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
 3. Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.
- Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

Robert E. Zucker

DATE **12/31/07**

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

0. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
DORIN ZUCKERMAN	341 SOUTH EVERGREEN WOODBURY NEW JERSEY 08096	WOODBURY NEW JERSEY 08096	A3353 800004879988-8 -02/05/02-01032-004 ***1282.50 ***1282.50

REINSTATEMENT 2001-2002

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 **Dorin Zucker**
DORIN ZUCKERMAN

DATE **12/31/07**
856-848-3334

CR2E038 (9/01)