PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

A93000000919

1. Name of Limited Partnership

SIGNATURE

Typed or Printed Name of General Partner Signing Form

CARON FAMILY LIMITED PARTNERSHIP

A. 🐔

LIMITED PARTNERSHIP

4/11/0/169/

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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2. Principal Office Address 3. Mailing Office Address			4. Date Formed or Registered			
4562 S. Kirkman Road		4562 S. Kirkman Road		To Do Business in Florida 9/7/93		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	Applied For	
į				65-04	Not Applicable	
City & State		City & State		CERTIFICATE OF STATUS D	ESIRED 58.75 Additional Fee required for a Certificate of Status	
- Orlando, Florida		- Orlando, Florida				
Zip	Country	Zip Country		7a. Capital Contributions as shown on Record:		
32811 USA		32811 USA		7b. Amount of Capital Contributions in FLORIDA to date:		
8. Name and Address of Current Registered Agent			10,0			
Name					FEES:	
Jeffrey S. Wachs, Esq.				1.) Filing Fee(s): Computed at	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.	
Street Address (P.O. Box Number is Not Acceptable)						
1177 S.E. 3rd Avenue			Supplemental Fee(s): \$88.75 for <u>each year due</u> this office, beginning with 1992 calendar year.			
Suite, Apt. #, Etc.			Penalty Fee(s): \$500 penalty fee for <u>each year report form is delinquent.</u>			
Cit.	w. #1T	-State-	Zip.Code	Note: If the amount entered	d in 7b is greater than amount entered in	
City Fort Lau	dordo l'o		33316	and appropriate filing fee.	Market State of the State of th	
A GENERAL	gent Accepting Appointment) PARTNER THAT I MUST	S A CORPORAT BE REGISTERE	ION, LIMITED D AND ACTIV		45532443 (24/0101012012 WER BUSINESS ENTRY	
10. 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	
Raymond F.	Caron, M.D.	5852 Medinah Way		Orlando, FL 32819		
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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 filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statute of Elegacy is Detailed to Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed event from any liability of non-compliance with Section 119.07(3)(ii) in the event that the information supplied is deemed event from the compliance with Section 119.07(3)(ii) in the event that the information supplied is deemed event from the compliance with Section 119.07(3)(ii) in the event that the information supplied is deemed event from the compliance with Section 119.07(3)(iii) in the event that the information supplied is deemed event from the compliance with Section 119.07(3)(iii) in the event that the information supplied is deemed event from the compliance with Section 119.07(3)(iii) in the event that the information supplied is deemed event from the compliance with Section 119.07(3)(iiii) in the event that the information supplied is deemed event from the compliance with Section 119.07(3)(iiiii) in the event that the information supplied is deemed event from the compliance with Section 119.07(3)(iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii						
on this annual repr	ort is true and accurate and that my d to execute this report as required	signature shall have the same	legal effects as if made ur	nder cath. I further certify that I am a Gener	al Partner of the Ingreed	

Raymond F. Caron, M.D.