PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 SEP 13 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A94000000376

1. Name of Limited Partnership
Rothschild-Goldman Family Limited Partnership, L.L.P.

2. Principal Office Address	3. Mailing Office Address
5560 Clipper Court	5560 Clipper Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New Port Richey FL	City & State: New Port Richey FL
Zip: 34652 Country: Pasco	Zip: 34652 Country: Pasco

4. Date Formed or Registered To Do Business in Florida: 03/22/1994

5. FEI Number: 59-3239701 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee Required for Certificate of Status

7a. Capital Contributions as shown on Record: 846,667.00

7b. Amount of Capital Contributions in FLORIDA to date: 846,667.00

8. Name and Address of Current Registered Agent

Name: Goldman, Stephen A M.D.

Street Address (P.O. Box Number is Not Acceptable): 5560 Clipper Court

Suite, Apt. #, Etc.

City: New Port Richey State: FL Zip Code: 34652

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): $68.75 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.

9. Pursuant to the provisions of sections 620.1021 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. Each general partner(s) hereby accepts the appointment of registered agent. I am familiar with, and accept the obligations of, section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) DATE

CR2E059 (10/97)

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 (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
Goldman, Stephen A M.D.	5560 Clipper Court	New Port Richey FL 34652	A94000000376

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2003-2004

REINSTATEMENT

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 Statutes. I knowingly 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 effect 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: Stephen A. Goldman DATE: 9/9/04

Typed or Printed Name of General Partner Signing Here: Stephen A. Goldman, M.D. Telephone Number: 727-849-8771