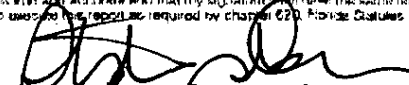


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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 # <u>A94000000376</u>					
1. Name of Limited Partnership Rothschild-Goldman Family Limited Partnership, L.L.P.					
2. Principal Office Address 5560 Clipper Court Suite, Apt. #, etc.		3. Mailing Office Address 5560 Clipper Court Suite, Apt. #, etc.		4. Date Form or Registered To Do Business in Florida 03/22/1994	
City & State New Port Richey FL		City & State New Port Richey FL		5. FEI Number 59-3239701	
Zip 34652	Country Pasco	Zip 34652	Country Pasco	6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required with 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): \$56.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year amount due 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. I, the undersigned, in the provisions of sections 620.1051 and 620.102, Florida Statutes, the above-captioned partnership agreement or agreement under the laws of the State of Florida, submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Each change was authorized by its general partner(s). I hereby accept the appointment of registered agent, firm, individual, and accept the responsibility of sections 620.102, Florida Statutes. SIGNATURE (If Registered Agent Accepting Appointment) _____ DATE _____					
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) Goldman, Stephen A M.D.	Address of Each General Partner (Do NOT Use Post Office Box Number) 5560 Clipper Court	City, State and Zip Code New Port Richey FL 34652	10a. Registration Document Number: A94000000376		
000041525260 10/01/04--01017--003 **2061.25 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)(b), Florida Statutes. I release the Division of Corporations from any liability of consequences with Section 119.07(3)(a) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicates on this annual record 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, received or was empowered to execute the report required by chapter 620, Florida Statutes.					
SIGNATURE  (Typed or Printed Name of General Partner Signing Herein) Stephen A. Goldman, M.D.		DATE 9/9/04 Telephone Number 727-849-8771			

CASE#9010071