

1201 HAYS STREET
TALLAHASSEE, FL 32311
904-222-9171
904-222-0191

CSC networks

MAIL TO:
P.O. Box 5020
TALLAHASSEE, FL 32311

ACCOUNT NO. : 0721000000032

REFERENCE : 521600 81464A

AUTHORIZATION :

COST LIMIT : 156 80

Patricia Pyatt

ORDER DATE : January 6, 1995

ORDER TIME : 11:57 AM

ORDER NO. : 521600

800001372668

CUSTOMER NO: 81464A

CUSTOMER: Robert M. Kramer, Esq
KRAMER & ZUCKERMAN

Suite 485-B
4000 Hollywood Boulevard
Hollywood, FL 33021

DOMESTIC FILING

NAME: OAB MANAGEMENT, LTD.

ARTICLES OF INCORPORATION
X CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

X CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Gail L. Shelby

EXAMINER'S INITIALS:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN -6 PM 3:10

~~(430)~~

6930

35.00

52.50

12/1

1/6/95

CERTIFICATE OF LIMITED PARTNERSHIP

Pursuant to Section 620.108 of the Florida Statutes, the following statement is made:

1. The name of the Limited Partnership is OAB MANAGEMENT, LTD.

2. The address of the office and the name and address of the agent for service of process required to be maintained by Section 620.105 of the Florida Statutes is:

Robert M. Kramer
KRAMER, GREEN & ZUCKERMAN, P.A.
4000 Hollywood Blvd., Suite 485 So.
Hollywood, Florida 33021

3. The name and business address of each General Partner is:

Harold S. Reitman, M.D.
Richard S. Kleiman, M.D.
350 North Pine Island Road
Level 2
Plantation, Florida 33324

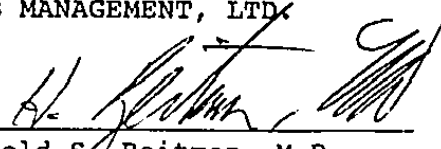
4. The mailing address for the Limited Partnership is :

c/o KRAMER, GREEN & ZUCKERMAN, P.A.
4000 Hollywood Blvd., Suite 485 So.
Hollywood, Florida 33021

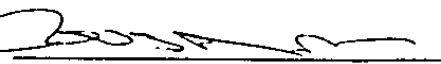
5. The latest date upon which the Limited Partnership is to dissolve is December 31, 2038.

OAB MANAGEMENT, LTD.

BY:


Harold S. Reitman, M.D.,
General Partner

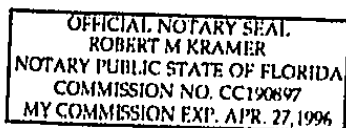
BY:


Richard S. Kleiman, M.D.
General Partner

STATE OF FLORIDA }
COUNTY OF BROWARD }

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared Harold S. Roitman, M.D. and Richard S. Kleiman, M.D., General Partners of OAB Management, Ltd., to me known to be the persons described in and who executed the foregoing Certificate of Limited Partnership and they acknowledged before me that they executed the same. They are personally known to me and they took an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 29 day of December, 1994.



Robert M. Kramer
NOTARY PUBLIC

Typewritten Name of Notary

Charter Number

My Commission Expires:

x:\bob\reitman\lpa.cer

LIMITED PARTNERSHIP AFFIDAVIT

STATE OF FLORIDA }
COUNTY OF Duval }

Pursuant to Section 620.108 of the Florida Statutes, the following statement is made:

1. The undersigned are the sole General Partners of OAB MANAGEMENT, LTD.

2. The amount of the original capital contributions of the Limited Partners is \$7,900. The additional amount anticipated to be contributed by the Limited Partners is \$0.

FURTHER AFFIANT SAYETH NAUGHT.

BY: Harold S. Reitman, M.D., General Partner
Richard S. Kleiman, M.D., General Partner

STATE OF FLORIDA }
COUNTY OF Duval }

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared Harold S. Reitman, M.D., General Partner and Richard S. Kleiman, M.D., General Partner of OAB Management, Ltd., to me known to be the persons described in and who executed the foregoing Limited Partnership Affidavit and who acknowledged before me that they executed the same. They are personally known to me and did take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 27 day of December, 1994.

OFFICIAL NOTARY SEAL
ROBERT M KRAMER
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC190897
MY COMMISSION EXP. APR. 27, 1996

Robert M. Kramer
NOTARY PUBLIC

Typewritten Name of Notary

Charter Number

My Commission Expires:
k:\BOD\reitman\LPS.APP

ACKNOWLEDGMENT OF APPOINTMENT OF REGISTERED AGENT

OAB MANAGEMENT, LTD.

The undersigned, having been named the Registered Agent for the above Limited Partnership at 4000 Hollywood Boulevard, Suite 485 South, Hollywood, Florida 33021, the undersigned hereby accepts the same and agrees to act in this capacity and agrees to comply with the provisions of Florida law relative to keeping the registered office open.

Dated: Dec 29, 1994.

REGISTERED AGENT:

Robert M. Kramer
ROBERT M. KRAMER

RECEIVED
JAN 5 1995
PM 3:40

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

12-13

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra Matham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 DEC 11 AM 10:04

SECRET
FBI - MIAMI

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

1a. DOCUMENT #
A95000000036

OAB MANAGEMENT, LTD

96 AR

CM

2. Principal Office Address

350 N. PINE ISLAND RD

LEVEL 2

PLANTATION FL 33324

2a. Principal Office Address (if different from 2)

350 N. PINE ISLAND RD

LEVEL 2

PLANTATION FL 33324

Mailing Address

C/O KRAMER, GREEN & ZUCKERMAN, P.A.
4000 HOLLYWOOD BLVD., SUITE 485 SO.
HOLLYWOOD FL 33021

Principal Office Address

C/O KRAMER, GREEN & ZUCKERMAN, P.A.
4000 HOLLYWOOD BLVD., SUITE 485 SO.
HOLLYWOOD FL 33021

If above addresses are incorrect in any way, file through this report information and enter correct address in Block 2 and/or 2a

3. Date Formed or Registered to Do Business in
FLORIDA
01/06/1995

3a. Date of Last Report

4. State or Country of Formation
FL

5a. Capital Contributions as Shown
on Record
\$9,900.00

5b. Amount of Capital Contributions in
FLORIDA by date

9900.00

6. FID Number

65-0546729

Applied Fee

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

SA 75 Additional Fee required
for a Certificate of Status

8. FEES: 1) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50
2) Supplemental Fee: \$138.75 (pursuant to section 607.103, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN \$101.25 (\$52.50 + \$138.75) AND NO MORE THAN \$570.25 (\$437.50 + \$138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

70.25
138.75
208.75

9. Name and Address of Current Registered Agent

KRAMER, ROBERT M
C/O KRAMER, GREEN & ZUCKERMAN, P.A.
4000 HOLLYWOOD BLVD., SUITE 485 SO.
HOLLYWOOD FL 33021

10. If changed, new Registered Agent/Office

Name: RALPH COSTA
Street Address (if not Box Number in Not Acceptable):
350 N. PINE ISLAND RD. LEVEL 2
Suite, Apt. # etc.
PLANTATION FL 33324

10a. Pursuant to the provisions of sections 620.1051 and 620.107, 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, the duly accepted appointment of registered agent, I am familiar with and accept the obligations of section 620.102, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

Ralph A. Costa

DATE 12/1/95

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)

REITMAN, HAROLD S M.D.
REITMAN, RICHARD S M.D.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

350 NORTH PINE ISLAND
350 NORTH PINE ISLAND

11b. City, State & Zip Code

PLANTATION FL 33324
PLANTATION FL 33324

11c. Registration
Document Number

300001665873
-12/19/95--01127--006
****208.75 ****208.75

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

12. I, hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(g) if 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 the signature shall be that of a general partner, partner, or trustee authorized to execute this report as required by section 620.102, Florida Statutes.

SIGNATURE

H. Reitman
HAROLD S. REITMAN

DATE

11/27/95

Telephone Number

305 4768800