1201 Hays Street
Tallahassee, FL 32301
904-222-9171
904-222-0191

H75000000036

CSC networks

Mail To:
P.O. Box 5020
Tallahassee, FL 32314

ACCOUNT NO. : 072100000003?

REFERENCE : 521688 81464A

AUTHORIZATION : Patricia Pruitt

COST LIMIT : $ 156 80

ORDER DATE : January 6, 1995

ORDER TIME : 11:57 AM

ORDER NO. : 521688

800001372688

CUSTOMER NO: 81464A

CUSTOMER: Robert M. Kramer, Esq
KRAMER & ZUCKERMAN

Suite 485-B
4000 Hollywood Boulevard
Hollywood, FL 33021

FILED
95 JAN -6 PM 3:10
SECRETARY OF STATE
CORPORATE FILING SECTION
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: OAB MANAGEMENT, LTD.

(FEE)

____ ARTICLES OF INCORPORATION
X____ CERTIFICATE OF LIMITED PARTNERSHIP

6 9 3 0
3 5 0 0
5 2 5 7

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: GLS

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

FILED
SECRETARY OF STATE
STATE OF FLORIDA
DEC 31 PM 3:12

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. Reitman, 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.

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

NOTARY PUBLIC

Typewritten Name of Notary

Charter Number

My Commission Expires:

F:\bob\reitman\lps.cer

FILED
95 JAN -5 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP AFFIDAVIT

STATE OF FLORIDA)
)
COUNTY OF Broward)

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 $1,000. 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 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. 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.

_____
NOTARY PUBLIC

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

_____
Typewritten Name of Notary

_____
Charter Number

My Commission Expires:

k:\BOB\reitman\LPS.AFF

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 19, 1994.

REGISTERED AGENT:

ROBERT M. KRAMER

k:\BOB\reitman\REG.AGT

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 Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 DEC 11 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership: **OAB MANAGEMENT, LTD**

1a. DOCUMENT # **A95000000036**

96 AR
CM

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, line through the incorrect information and enter correct address in Block 2 and/or 2a.

2. New Mailing Address (if Applicable): 350 N. PINE ISLAND RD
Suite, Apt. # etc.: LEVEL 2
City, State & Zip: PLANTATION FL 33324

2a. New Principal Office Address (if Applicable): 350 N PINE ISLAND RD
Suite, Apt. # etc.: LEVEL 2
City, State & Zip: PLANTATION FL 33324

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 to date: 9900.00

6. FEI Number: 65-0546729

7. CERTIFICATE OF STATUS REQUIRED
Applied For
Not Applicable
$8.75 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 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($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

70.00
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 (P.O. Box Number is 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 620.105, 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). The party 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): R. 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
REITMAN, HAROLD S M.D.	350 NORTH PINE ISLAND	PLANTATION FL 33324	
~~REITMAN, RICHARD S M.D.~~	~~350 NORTH PINE ISLAND~~	~~PLANTATION FL 33324~~	

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

CR2E003 (6/95)

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

12. I (We) hereby certify that the information supplied with this filing is accurately 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 any complaint with Section 119.07(3)(i) to the extent 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 constitute my legal oath as I swear 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: H. Reitman MD DATE: 11/27/95

Typed or Printed Name of General Partner Signing Form: HAROLD S REITMAN Telephone Number: 305 476 8800

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