A95000001054

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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Comprehensive Care Systems of Sarasota, Limited
(Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

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TALLAHASSEE, FLORIDA

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	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

7-13-95a
FF - $52.50
RA - 35.00

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

Examiner's Initials	

CR2E031(10/92)

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CERTIFICATE OF LIMITED PARTNERSHIP
OF
COMPREHENSIVE CARE SYSTEMS OF SARASOTA, LIMITED

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FIRST: The name of the limited partnership is:

Comprehensive Care Systems of Sarasota, Limited

SECOND: The business address of the limited partnership is:

1390 Main Street
Sarasota, Florida 34236

THIRD: The name of the initial registered agent for service of process is:

Gregory M. Marks

and the street address of the registered agent is:

1390 Main Street
Sarasota, Florida 34236

FOURTH: The initial registered agent accepts the responsibilities of a registered agent under the provisions of the Florida Revised Limited Partnership Act.

Gregory M. Marks

FIFTH: The mailing address of the limited partnership is:

1390 Main Street
Sarasota, Florida 34236

SIXTH: The latest date the limited partnership is to dissolve is:

December 31, 2050

SEVENTH: The name and address of the limited partnership's general partner is:

Griffin Company III
1390 Main Street
Sarasota, Florida 34236

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Limited Partnership this 12th day of July, 1995.

Griffin Company III

By: James A. Malone
Title: President

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS
TO
COMPREHENSIVE CARE SYSTEMS OF SARASOTA, LIMITED

The undersigned constituting the sole general partner of Comprehensive Care Systems of Sarasota, Limited, a Florida limited partnership, certifies:

The amount of capital contributions to date of the limited partners is $1,000.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals $1,000.00.

FURTHER AFFIANT SAYETH NOT:

Under the penalties of perjury, I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct this 12th day of July, 1995.

GRIFFIN COMPANY, III

By: James A. Malone
Title: President

03-06-96 03:01PM FROM 941 951 1495 TO 19049224000 P001/006

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STATE OF FLORIDA
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FROM: RISCORP MANAGEMENT SERVICES, INC.
1390 MAIN STREET
SARASOTA FL 34236-
CONTACT: VEANNA J MCAHREN
PHONE: (941) 951-2022
FAX: (941) 366-0671

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DOCUMENT TYPE: VOLUNTARY CANCELLATION OF LP
NAME: COMPREHENSIVE CARE SYSTEMS OF SARASOTA, LIMITED
FAX AUDIT NUMBER: H96000003209
DATE REQUESTED: 03/06/1996
CURRENT STATUS: REQUESTED
CERTIFIED COPIES: 1
TIME REQUESTED: 13:42:46
NUMBER OF PAGES: 1
CERTIFICATE OF STATUS: 0
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CERTIFICATE OF CANCELLATION OF CERTIFICATE OF LIMITED PARTNERSHIP OF COMPREHENSIVE CARE SYSTEMS OF SARASOTA, LIMITED

Pursuant to the provisions of Sections 620.113 and 620.114 of the Florida Partnership Laws, the undersigned, as General Partner of COMPREHENSIVE CARE SYSTEMS OF SARASOTA, LIMITED, adopts the following Certificate of Cancellation for the purpose of canceling the Certificate of Limited Partnership filed on July 13, 1995.

-A95000001054

This Certificate of Cancellation is being filed because the partnership was never formed.

The effective date of cancellation of the Limited Partnership is the date of filing this certificate.

Under the penalties of perjury, the undersigned affirms that the facts stated herein are true this 5th day of March, 1996.

GRIFFIN COMPANY III, General Partner

By: _____
James A. Malone, President

f:\[illegible]

Prepared by: Veanne J. McAhren
1390 Main Street
Sarasota, FL 34236
(941) 951-2022

FAX AUDIT #H96-3209