PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~LIMITED PARTNERSHIP REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

* 2007 LP ANNUAL REPORT *

FILED
07 JUL 12 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # A95000001638

1. Name of Limited Partnership

FLORIDA INSTITUTE OF HEALTH, LTD., L.L.L.P

CR2E039 (1/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4850 WEST OAKLAND PARK BLVD.	4850 WEST OAKLAND PARK BLVD.
Suite, Apt. #, etc. SUITE 205	Suite, Apt. #, etc. SUITE 205
City & State LAUDERDALE LAKES, FLORIDA	City & State LAUDERDALE LAKES, FLORIDA
Zip 33313 Country U.S.A.	Zip 33313 Country U.S.A.

4. Date Formed or Registered To Do Business in Florida

5. FEI Number 65-0374059 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: HART, BRIAN A.

Street Address (P.O. Box Number is Not Acceptable): 255 ALHAMBRA CIRCLE

Suite, Apt. #, Etc.: SUITE 850

City: CORAL GABLES State: FL Zip Code: 33134

7. FEES:

Filing Fee(s): $411.25 for each year due this office.

Supplemental Fee(s): $88.75 for each year due this office.

Penalty Fee(s): $500 for each year or part thereof limited partnership revoked on our records.

☑ A $500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $500 penalty fee(s) be waived.

9. Pursuant to the provisions of section 620.1310 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____
(REGISTERED AGENT MUST SIGN)

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
SEE ATTACHED LIST			

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 exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability upon compliance with Chapter 119, F.S. 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 Joel Frankel, M.D., Pres for Joel Frankel, M.D., Pulmonary Associates PA for Florida Institute of Health DATE 06/11/2007

Typed or Printed Name of General Partner Signing Form Joel Frankel, M.D. Telephone Number (954) 464-7030

General Partners	Document #
ALEX LEEDS, PA 4410 W. OAKLAND PARK BLVD. LAUDERDALE LAKES FL 33313	577642
DANIEL KESDEN, MD, PA 4850 W. OAKLAND PARK BLVD. #209 LAUDERDALE LAKES FL 33313	545547
DANIEL E. MARCUS, MD, PA 7646 NOB HILL ROAD TAMARAC FL 33321	F63924
DAUER FIH RADIOLOGY ASSOCIATES, PA 4850 W. OAKLAND PARK BLVD. #145 FT. LAUDERDALE FL 33313	P92000015323
FLORIDA INSTITUTE OF SURGERY, P.A. 4900 W. OAKLAND PARK BLVD. STE. 306 LAUDERDALE LAKES FL 33313	548200
FRANCIS CHANDY, MD, PA 6971 W. SUNRISE BLVD STE 103 PLANTATION FL 33313	P94000001648
FREDERICK C. POLSKY, DO, PA 8327 W. ATLANTIC BLVD. MARGATE FL 33071	581658
GERALD NORENSBERG, DO, PA 8327 W. ATLANTIC BLVD. MARGATE FL 33071	547074
JOEL FRANKEL, MD, PULMONARY ASSOCIATES, PA 2951 NW 49TH AVENUE, STE 202 FT. LAUDERDALE FL 33313	P92000015390
KEITH J. LERNER, MD, PA 4850 W. OAKLAND PARK BLVD., SUITE 209 FT. LAUDERDALE FL 33313	P93000058503
MARK S. GOZ, MD, PA 2951 NW 49TH AVENUE SUITE 201 LAUDERDALE LAKES FL 33313	K49771
MARSHALL J. BRUMER, MD, PA 3001 NW 49TH AVENUE, STE 307 LAUDERDALE LAKES FL 33313	486073

General Partners	Document #
MEDICAL SPECIALISTS OF FORT LAUDERDALE, P.A. 3395 W. OAKLAND PARK BLVD. STE A SUNRISE, FL 33351	479417
MOISES J. KATZ, M.D., F.A.C.C., P.A. 7800 W. OAKLAND PARK BLVD., SUITE B-105 SUNRISE, FL 33351	525111
MURRAY J. MILLER, M.D., P.A. 8399 W. OAKLAND PARK BLVD., SUITE A SUNRISE, FL 33351	P96000034317
NEIL A. SCHULTZ, M.D., P.A. 2825 N. STATE ROAD 7, SUITE 200 MARGATE, FL 33063	H64831
PAUL J. HERSCH, M.D., P.A. 4959 N. STATE ROAD 7, SUITE C TAMARAC, FL 33319	552358
REAL MARTIN, M.D., P.A. 175 S. STATE ROAD 7 TAMARAC, FL 33068	L55088
RICHARD B. POLAKOFF, M.D., P.A. 4850 W. OAKLAND PARK BLVD., SUITE 143. LAUDERDALE LAKES, FL 33313	P94000035992
SHAHRAD MABOURAKH, M.D., P.A. 4600 W.COMMERCIAL BLVD. TAMARAC, FL 33319	P96000088306
RITCHER & SHEINBAUM, M.D., P.A. 7401 N. UNIVERSITY DRIVE, SUITE 204 TAMARAC, FL 3321	588609
SMOLEY & ROISTACHER, M.D., P.A. 8397 W. OAKLAND PARK BLVD. SUNRISE, FL 33351	452265
STEVEN J. COHN, M.D., P.A. 7301 N. UNIVERSITY DRIVE, SUITE 204 TAMARAC, FL 33321	M09869
MARSHALL J. BRUMER, MD, PA 3001 NW 49TH AVENUE, STE 307 LAUDERDALE LAKES FL 33313	486073

General Partners	Document #
STEVEN L. FELDMAN, M.D., P.A. 7351 WEST OAKLAND PARK BLVD., SUITE 104 LAUDERHILL, FL 33319	P93000051671
VINOD M. PATEL, M.D., P.A. 7050 NW 4TH STREET, SUITE 203 PLANTATION, FL 33317	596573
WARREN M. STURMAN, M.D., P.A. 2951 NW 49TH AVENUE, SUITE 103 LAUDERDALE LAKES, FL 33313	V29458