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FLORIDA DIVISION OF ENTER SELECTION AND <CR>: alyma 4/22/96 CORPORATIONS 10:37 AM PUBLIC ACCESS SYSTEM ELECTRONIC FILING COVER OHBET
ATIONS FROM: KRAMER, GREEN, ZUCKERMAN & KAIIN, P.A
4000 HOLLYWOOD BLVD (((1446000005597))) TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET BUITH 485 HOUTH HOLLYWOOD PL 33021-BANDY TOMLIN TALLAHASSER, PL 32399 CONTACT: DAMPY IONE: (305) 966-2112 FAX: (305) 981-1605 PHONE: PAX: (904) 922-4000 FLORIDA LIMITED PARTNERSHIP DOCUMENT TYPE: (((H9G000005597))) NAME: STICHEL LIMITED PARTNERSHIP CURRENT STATUS: REQUESTED FAX AUDIT NUMBER: 1196000005597 TIME REQUESTED: 10:37:31
CERTIFICATE OF STATUS: 0
METHOD OF DELIVERY: FAX
ACCOUNT NUMBER: 073707002173 DATE REQUESTED: 04/22/1996 CERTIFIED COPIES: 1 NUMBER OF PAGES: 4 ESTIMATED CHARGE: \$156.80 Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document. (((196000005597))) ** ENTER 'M' FOR MENU. ** ENTER SELECTION AND CCR>1 \$\$soffCompuservoFCA-50

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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 STICHEL LIMITED PARTNERSHIP.
- 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 & KAHN, P.A. 4000 Hollywood Boulevard, Suite 485-S Hollywood, Florida 33021

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

F9600000 6144

PHYSICIANS SELECT, INC., a Nevada corporation c/o Scott D. Levine 7350 Sandlake Commons, Suite 2215 Orlando, Florida 32819

4. The mailing address for the Limited Partnership is:

KRAMER, GREEN, ZUCKERMAN & KAHN, P.A. 4000 Hollywood Boulevard, Suite 485-S Hollywood, Florida 33021

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

PHYSICIANS SELECT, INC.

SCOTT D. LEVINE (President

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STATE OF FLORIDA)

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared SCOTT D. LEVINE as President of PHYSICIANS SELECT, INC., Nevada corporation, General Partner of STICHEL LIMITED PARTNERSHIP, to me known to be the person described in and who executed the foregoing Certificate of Limited Partnership, and he acknowledged before me that he executed the same. He is personally known to me and he took an oath.

WITNESS my hand and official seal in the County and State last aforesald this <u>U</u>. day of <u>koril</u> 1996.

Notary Public LISA THE PERI

Type/Print or Stamp Name of Notary

LIGA THIGPEN
MY COMMISSION & CC 374600
EXPIRES: July 24, 1998
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SECRETARY OF STATE
TAIL ARASSES FILEBOOK

ACKNOWLEDGMENT OF APPOINTMENT OF REGISTERED AGENT STICHEL LIMITED PARTNERSHIP

The undersigned, having been named Registered Agent for the above Limited Partnership at 4000 Hollywood Boulevard, Suite 485 South, Hollywood, Florida 33021, 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: KPRIL 27, 1996.

REGISTERED AGENT:

ROBERT M. KRAMER

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P. 06

LIMITED PARTNERSHIP AFFIDAVIT

STATE OF FLORIDA)
COUNTY OF DECARE.

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

- 1. The undersigned is the sole General Partner of STICHEL LIMITED PARTNERSHIP.
- 2. The amount of the original capital contributions of the Limited Partners is \$9,900.00. The additional amount anticipated to be contributed by the Limited Partners is \$0.

FURTHER AFFIANT SAYETH NAUGHT.

GENERAL PARTNER:

PHYSICIANS SELECT, INC., a Nevada corporation

By: SCOTT D: LEVINE, President

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 SCOTT D. LEVINE, as President of PHYSICIANS SELECT, INC., a Nevada corporation, General Partner of STICHEL LIMITED PARTNERSHIP, to me known to be the person described in and who executed the foregoing Limited Partnership Affidavit, and he acknowledged before me that he executed the same. He is personally known to me and he took an oath.

WITNESS my hand and official seal in the County and State last aforesaid this ______ day of ______, 1996.

Notary Public

Type/Print or Stamp Name of Notary

LISA THIGPEN
MY COMMISSION 9 OC 384606
EXPIRÉS: July 24, 1998
Scribed Thru Kotory Public Underwriters

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