

A98000001112

LAW OFFICES
FREEDMAN & McCLOSKEY
PROFESSIONAL ASSOCIATION
SUITE 700, BARNETT PLAZA
ONE EAST BROWARD BOULEVARD
FORT LAUDERDALE, FLORIDA 33301

REED B. McCLOSKEY
RANDY R. FREEDMAN

TELEPHONE (954) 764-3300
TELECOPIER (954) 764-2840

April 21, 1998

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 MAY -5 PM 3:53

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Attention: Limited Partnerships

Re: CLSC, LTD.

Dear Sir/Madam:

We have enclosed the following:

1. Certificate of Limited Partnership of CLSC, Ltd.;
2. Affidavit;
3. A check for the amount of \$105.00 for the filing fee.

Very truly yours,

FREEDMAN & McClosky, P.A.



Reed B. McClosky

A98-1112

RBM/dt
Enclosures

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-05/05/98--01141--002
*****35.00 *****35.00

Name	JS
Availability	JS
Document Examiner	JS
Updater	JS
Updater Verifier	JS
Acknowledgment	JS
W. P. Verifier	JS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

April 27, 1998

REED B. MCCLOSKEY
FREEDMAN & MCCLOSKEY
ONE EAST BROWARD BLVD., SUITE 700
FORT LAUDERDALE, FL 33301

SUBJECT: CLSC, LTD.

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DIVISION OF CORPORATIONS
98 MAY -5 PM 3:53

We have received your document for CLSC, LTD. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records show no entity by this name.

Enclosed is an application for refund.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline
Document Specialist

Letter Number: 698A00022569

CERTIFICATE OF LIMITED PARTNERSHIP OF CLSC, LTD.

We, the undersigned, desiring to form a Limited Partnership pursuant to the Florida Revised Uniform Limited Partnership Act as set forth in Sections 620.101 et seq. of the Florida Statutes, do hereby certify:

1. The name of the Limited Partnership is CLSC, 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, Florida Statutes are:

Comprehensive Local Specialty Care, Inc.,
a Florida Corporation,
10 Fairway Drive
Suite 215
Deerfield Beach, FL 33441

P97-37663

3. The name and business address of the General Partner are Comprehensive Local Specialty Care, Inc., a Florida Corporation, 10 Fairway Drive, Suite 215, Deerfield Beach, Florida 33441.
4. The mailing address ^{principal address} for the limited partnership is 1750-A, East Hallandale Beach Boulevard, Hallandale, Florida 33009.
5. The latest date upon which the limited partnership is to dissolve is December 31, 2048, unless extended by mutual agreement of the parties.

IN WITNESS WHEREOF, the undersigned has executed this certificate 30 day of March, 1998.

GENERAL PARTNER:

COMPREHENSIVE LOCAL SPECIALTY CARE, INC.

BY: Chatal Bray, its: President

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 MAR -5 PM 3:53

STATE OF FLORIDA)
) ss
COUNTY OF BROWARD)

The foregoing instrument was acknowledged before me this 8 day of April, 1998 by Chantal Bray the President of Comprehensive Local Specialty Care, Inc., a Florida corporation, on behalf of the corporation.. He/she is personally known to me or has produced _____ as identification.

Michelle M. Sturges
NOTARY PUBLIC
My Commission Expires:

NEW HAMPSHIRE
STATE OF FLORIDA)
) ss
HILLSBOROUGH
COUNTY OF BROWARD)



The foregoing instrument was acknowledged before me this 25th day of MARCH, 1998 by EUGENE A. LEMIEUX the PRESIDENT GENERAL of ACA ASSURANCE, a fraternal benefit society incorporated under the laws of the State of New Hampshire, on behalf of the corporation. He/she is personally known to me or has produced _____ as identification.

Linda L. LaPlante
NOTARY PUBLIC
My Commission Expires:

LINDA L. LAPLANTE, Notary Public
My Commission Expires September 8, 1999

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 MAY -5 PM 3:53

AFFIDAVIT

STATE OF FLORIDA)
) SS:
COUNTY OF BROWARD)

BEFORE ME, the undersigned authority, personally appeared CHANTAL BRAY, the PRESIDENT of Comprehensive Local Specialty Care, Inc., the General Partner of CLSC, Ltd., who after being first duly sworn and cautioned, upon oath, deposes and says:

1. The amount of the capital contributions of the Limited Partners is as follows:

<u>LIMITED PARTNER</u>	<u>AMOUNT OF CAPITAL CONTRIBUTION</u>
ACA Assurance, a New Hampshire Fraternal Benefit Society	\$15,000.00

2. The amount anticipated to be contributed by the Limited Partners is as follows:

<u>LIMITED PARTNER</u>	<u>AMOUNT OF CAPITAL CONTRIBUTION</u>
ACA Assurance, a New Hampshire Fraternal Benefit Society	NONE

FURTHER AFFIANT SAYETH NAUGHT.

COMPREHENSIVE LOCAL SPECIALTY CARE, INC.

BY: Chantal Bray
its: President

SWORN TO AND SUBSCRIBED before me this 30 day of march, 1998 by Chantal Bray as the President of Comprehensive Local Specialty Care, Inc.

Michelle M. Sturges
NOTARY PUBLIC

Michelle M. Sturges
Stamped, printed or typed name

My Commission Expires:



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 MAR 5 PM 3:53

LAW OFFICES
FREEDMAN & McCLOSKY
PROFESSIONAL ASSOCIATION
SUITE 700, BARNETT PLAZA
ONE EAST BROWARD BOULEVARD
FORT LAUDERDALE, FLORIDA 33301

REED B. McCLOSKY
RANDY R. FREEDMAN

TELEPHONE (305) 764-3800
TELECOPIER (305) 764-2840

May 1, 1998

VIA PRIORITY MAIL

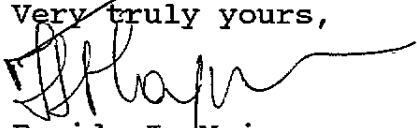
Secretary of State
Division of Corporations
Attention Brenda Tadlock
P.O. Box 6327
Tallahassee, FL 32314

Re: CLSC, Ltd.

Dear Ms. Tadlock:

Pursuant to our telephone conversation, I am sending you Tammi Cline's letter dated April 27, 1998 along with the Certificate of Limited Partnership and Affidavit. Your expeditious handling of this matter would be greatly appreciated.

Very truly yours,


Farida J. Major,
Secretary to
REED B. McCLOSKY

RBM/fjm

Enclosures:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 MAY -5 PM 3:53