

A 99 00000 2186

Pro-Care Medical, Inc.  
Requester's Name

4909 S. Westshore Blvd  
Address

Tampa FL 33611  
City/State/Zip ( Phone #

000003074080-7  
-12/17/99-01069-004  
\*\*\*\*\*73.50 \*\*\*\*\*73.50

Office Use Only

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

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

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- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**AMENDMENTS**

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

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials

## CERTIFICATE OF LIMITED PARTNERSHIP

1. Partnership 1902, LTD.  
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 4836 FLAMINGO RD. TAMPA, FL 33611  
(Business address of Limited Partnership)

3. ANDREW R. WEBBER  
(Name of Registered Agent for Service of Process)

4. SAME AS ABOVE  
(Florida street address for Registered Agent)

5. A.R.W.  
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)

6. \_\_\_\_\_  
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: 12/31/2044

8. Name(s) of general partner(s): \_\_\_\_\_ Street address: \_\_\_\_\_

CARE House Keeping, INC. 4836 FLAMINGO RD. TAMPA, FL 33611

Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 12th day of NOVEMBER, 19 99.

Signature of all general partners:

A.R.W.  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

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**AFFIDAVIT OF CAPITAL CONTRIBUTIONS  
FOR FLORIDA LIMITED PARTNERSHIP**

The undersigned constituting all of the general partners of Partnership 1902, LTD.

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 10,500.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$ 10,500.

Signed this 12th day of November, 19 99.

FURTHER AFFIANT SAYETH NOT.

*Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.*

  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

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