

Q0000000104

CSC-PAHASSSE

Requester's Name _____
 1201 Hays Street
 Address _____
 TLH, FL 32301 521-1000
 City/State/Zip Phone # _____
 CSC Contact: Kelly

Account Number: 07210000032
 Order Number: _____
 Cost Limit: \$ _____
 Authorization: _____

Office Use Only

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

- Amin Limited Partnership
 (Corporation Name) (Document #)
- _____
 (Corporation Name) (Document #)
- _____
 (Corporation Name) (Document #)
- _____
 (Corporation Name) (Document #)

FILED
 00 SEP 20 PM 3:50
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

RECEIVED
 00 SEP 20 PM 1:4
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

- 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

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 -09/20/00--01033--012
 *****35.00 *****35.00

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other Alien

nk 9/20

Examiner's Initials

Katherine Harris, Secretary of State

**DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE FOR
ALIEN BUSINESS ORGANIZATION OR FOREIGN CORPORATION**

PURSUANT TO SECTION 607.0505, FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION OR FOREIGN CORPORATION SUBMITS THE FOLLOWING STATEMENT IN ORDER TO DESIGNATE ITS REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA:

1. AMIN LIMITED PARTNERSHIP
(Name of alien business organization or foreign corporation)

2. COLORADO 3. 59-3380081
(State or country under which entity is organized) (FEID Number, if applicable)


4. 1802 NOTTINGHAM LANE, CLEARWATER, FL 33764
(Principal office address)

5. Name and Florida street address of registered agent.

ALAN S. GASSMAN, ESQUIRE
1245 COURT STREET SUITE 102
CLEARWATER, FL 33756

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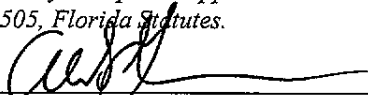
6. The street address of the registered office and the street address of the business office of the registered agent are identical.

7. 
(Signature of chairman, vice chairman, or officer)

8. MAHESH AMIN, M.D., P.A., By:
MAHESH AMIN, GENERAL PARTNER
(Name and capacity of person signing in number 7 above)

9. Signature of registered agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.


(Registered agent accepting appointment)

9/19/00
(Date)

THE FILING OF THIS ALIEN BUSINESS ORGANIZATION FORM WITH THE FLORIDA DEPARTMENT OF STATE DOES NOT AUTHORIZE THE ABOVE REFERENCED ENTITY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

FILING FEE \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314