CORPORATION INFORMATION
SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
904-222-0393 FAX

800-342-8036

A95000000394

CSC networks

MAIL TO:
P.O. BOX 5828
TALLAHASSEE, FL 32314

ACCOUNT NO. : 072100000032

REFERENCE : 560018 81686A

AUTHORIZATION :

COST LIMIT : 9 PPD

ORDER DATE : March 14, 1995

ORDER TIME : 10:40 AM

ORDER NO. : 560018

CUSTOMER NO: 81686A

CUSTOMER: Edgar Lewis, Esq
KEITH MACK LEWIS COHEN &
LUMPKIN, P.A.
20th Floor
200 South Biscayne Boulevard
Miami, FL 33131

S. TAX
FILING 52.50
R. AGENT FEE 35.00
S. COPY 52.50
TOTAL 140.00
N. BANK
BALANCE DUE
REFUND

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
'95 MAR 14 AM 10:15

DOMESTIC FILING

200001432542
-03/17/95--01033--004
****262.50 ****140.00

NAME: FIN-MED SERVICES, LTD.

____ ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jennifer Moran

EXAMINER'S INITIALS: BK

3/14/95

CERTIFICATE OF LIMITED PARTNERSHIP OF FIN-MED SERVICES, LTD.
A Florida Limited Partnership

The undersigned General Partner, desiring to form a limited partnership pursuant to Florida Revised Uniform Limited Partnership Act as set forth in Chapter 620 of the Florida Statutes, hereby states the following:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 PM 10:45

1. The name of the Partnership is FIN-MED SERVICES, LTD.

2. The address of the office of the Partnership is:

   200 South Biscayne Blvd. - #2000
   Miami, Florida 33131

3. The name and address of the agent for service of process on the Partnership is:

   KEY CORPORATE SERVICES, INC.
   200 SOUTH BISCAYNE BOULEVARD
   20TH FLOOR
   MIAMI, FLORIDA 33131

4. The name and address of the general partner are as follows:

   FIN-MED SERVICES, INC.
   200 S. Biscayne Blvd. #2000
   Miami, Florida 33131

   P95000020842

5. The mailing address of the Partnership is:

   200 S. Biscayne Blvd. #2000
   Miami, Florida 33131

6. The latest date upon which the Partnership shall dissolve is December 31, 2024.

The execution of this Certificate by the undersigned General Partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the General Partner of FIN-MED SERVICES, LTD. this 9th day of March, 1995.

Witnesses:

FIN-MED SERVICES, INC.,
a Florida corporation

By: _____ (SEAL)
Edgar Lewis, President

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 10:55

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for FIN-MED SERVICES, LTD., a Florida limited partnership (the "Partnership"), in the foregoing Certificate of Limited Partnership, the undersigned, on behalf of the Partnership, hereby agrees to accept service of process for said Partnership and to comply with any and all Statutes relative to the complete and proper performance of the duties of registered agent.

KEY CORPORATE SERVICES, INC.

By: _____ 3-9-95
EDGAR LEWIS, PRESIDENT Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 10:15

AFFIDAVIT OF CAPITAL CONTRIBUTION

STATE OF FLORIDA)
) ss:
COUNTY OF DADE)

BEFORE ME, the undersigned, personally appeared EDGAR LEWIS who, upon being duly sworn, certifies as follows:

1. He is the President of FIN-MED SERVICES, INC., a Florida corporation (the "Corporation");

2. The Corporation is the sole general partner of FIN-MED SERVICES, LTD., a Florida Limited Partnership (the "Partnership");

3. The amount of capital contributions to the Partnership made by the limited partners is $1,000.

4. No additional capital contributions are anticipated to be made by the limited partners.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury, I declare that I have read the foregoing and that the facts alleged are true to the best of my knowledge and belief.

FIN-MED SERVICES, INC., a Florida corporation

Date: 3-9, 1995

By: _____(SEAL)
EDGAR LEWIS, President

The foregoing instrument was acknowledged before me this 9th day of March, 1995, by Edgar Lewis, as President of FIN-MED SERVICES, INC., a Florida corporation and the general partner of FIN-MED SERVICES, LTD., a Florida limited partnership, on behalf of the corporation and the partnership. He is (check one) ✓ personally known to me or ____ has produced a _____ as identification.

_____
(Signature of Person Taking Acknowledgment)

ENCARNACION ABASCAL
(Name of Acknowledger Typed, Printed or Stamped)

_____ (Title or Rank)

_____ (Serial Number, if any)

OFFICIAL NOTARY SEAL
ENCARNACION ABASCAL
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC257201
MY COMMISSION EXP. FEB. 3,1997

Notary Public, State of Florida
My Commission Expires:

OFFICIAL NOTARY SEAL
ENCARNACION ABASCAL
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC257201
MY COMMISSION EXP. FEB. 3,1997

02/27/95\4:00 MP\SCHIMMEL\LTD-AFFI

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 27 AM 9:30

1. Name of Limited Partnership

1a. DOCUMENT # A95000000394

FIN-MED SERVICES, LTD.

95/1/1 DO NOT WRITE IN THIS SPACE

2. New Mailing Address, if Applicable 760 NW 107th Ave

Suite, Apt. # etc. Ste 100

City, State & Zip Miami FL 33172

2a. New Principal Office Address, if Applicable 760 NW 107th Ave

Suite, Apt. # etc. Ste 100

City, State & Zip Miami FL 33172

Mailing Address	Principal Office Address
200 SOUTH BISCAYNE BLVD., #2000	200 SOUTH BISCAYNE BLVD., #2000
MIAMI, FL 33131	MIAMI, FL 33131

If above addresses are incorrect in any way, line through the incorrect address(es) and enter correct address(es) in Block 2 and/or 2a

3. Date Formed or Registered to Do Business in FLORIDA	3a. Date of Last Report	4. State or Country of Formation
03/14/1995		FL

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA	6. FEI Number	Applied For	7. CERTIFICATE OF STATUS REQUIRED
$1,000.00		65-0566606	Not Applicable	$8.75 Additional Fee required for a Certificate of Status

8. FEES: 1) Filing Fee. Computed at a rate of $7 per $1,000 or amount entered in 5b or 5a if 5b blank, with a minimum filing fee of $52.50 and a maximum of $437.50
2) Supplemental Fee $138.75 (pursuant to section 137.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
KEY CORPORATE SERVICES, INC. 200 SOUTH BISCAYNE BLVD., #2000 MIAMI FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. # etc. City: FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
FIN-MED SERVICES, INC.	~~200 SOUTH BISCAYNE BL~~ 760 NW 107 Ave, Ste 100	MIAMI FL 33131- 33172	P95000020842

800001579478
-01/05/96--01009--010
++++191.25 ++++191.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is true, voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 effects 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 Lawrence Schimmel for Fin-Med Services, Inc. DATE 12-21-95

Typed or Printed Name of General Partner Signing Form Lawrence Schimmel Telephone Number 305-227-5494

CR2E003 (6/95)

0001606