A95000000712

Eric M Sauerberg Esquire
(Requestor's Name)
1625 Palm Beach Lakes Blvd
(Address)
Suite 700
(City, State, Zip) (Phone #)
West Palm Beach, FL 33401
407-683-2484

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (If known):

1. Limited Partnership
(Corporation Name) (Document #)
2. (Corporation Name) (Document #)
3. (Corporation Name) (Document #)
4. (Corporation Name) (Document #)

FILED
00 SEP -6 AM 9:03

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other DCC

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

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

W95000008930

A95000000712

Examiner's Initials	

CR2E031(10/92)

LAW OFFICES OF
MAYER & SAUERBERG
THE FORUM • TOWER A
1675 PALM BEACH LAKES BOULEVARD
SUITE 700
WEST PALM BEACH, FLORIDA 33401

(407) 683-2404
Fax: (407) 684-3142

EARL E. MAYER, JR.*
ERIC M. SAUERBERG, P.A.
P. TODD KENNEDY, P.A.

* Federal Tax Counsel to the Firm
Admitted in Ohio Only, Practice Limited
to Matters of Federal Tax Law

May 2, 1995

Florida Department of State
Attention: Diane Cushing,
Corporate Specialist
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Consolidated Medical Management, Ltd.
Ref. Number: W95000008930

Dear Ms. Cushing:

In response to your letter of April 26, 1995 (copy attached), enclosed please find two (2) original Certificates of Limited Partnership for the above referenced limited partnership which have been executed correctly.

Should you have any questions, please do not hesitate to contact me. Thank you for your assistance in this matter.

Sincerely,

MAYER & SAUERBERG

Eric M. Sauerberg

EMS:cr
Enclosures

laquis2\ltrs\cushing.ltr

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 26, 1995

ERIC M. SAUERBER, ESQUIRE
1675 PALM BEACH LAKES BLVD
SUITE 700
WEST PALM BEACH, FL 33401

SUBJECT: CONSOLIDATED MEDICAL MANAGEMENT, LTD.
Ref. Number: W95000008930

We have received your document for CONSOLIDATED MEDICAL MANAGEMENT, LTD. and your check(s) totaling $175.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign on line 5.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6913.

Diane Cushing
Corporate Specialist

Letter Number: 495A00019810

CERTIFICATE OF LIMITED PARTNERSHIP
OF
CONSOLIDATED MEDICAL MANAGEMENT, LTD.

1. CONSOLIDATED MEDICAL MANAGEMENT, LTD.
(Name of Limited Partnership; must contain suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 10168 W. Sample Road, Coral Springs, Florida 33065
(The Business Address of the Limited Partnership)

3. GEORGE A. LAQUIS, M.D.
(Name of Registered Agent for Service of Process)

4. 10168 W. Sample Road, Coral Springs, Florida 33065
(Florida Street Address for Registered Agent)

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

6. 10168 W. Sample Road, Coral Springs, Florida 33065
(The Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is January 1, 2044.

8.

NAME OF GENERAL PARTNER(S)	SPECIFIC ADDRESS
ADMED, INC.	10168 W. Sample Road
P95000031881	Coral Springs, FL 33065

FILED
95 JUL 06 PM 5:00

Signed this 6th day of April, 1995.

Signature of all General Partners:

ADMED, INC.

By: _____
GEORGE A. LAQUIS, M.D., President

GENERAL PARTNER

FILED
1995 APR -5 PM 3:00

laquis\docs\cert2.ltd

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, constituting all of the general partners of CONSOLIDATED MEDICAL MANAGEMENT, LTD., a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is $ 100.00 .

The total amount contributed and anticipated to be contributed by the limited partners at this time totals $ 100.00 .

This 6th day of April , 1995.

FURTHER AFFIANT SAYETH NOT.

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

GENERAL PARTNER:

ADMED, INC.

By: _____
GEORGE A. LAQUIS, M.D.,
President

laquis\docs\capcont2.aff

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
96 JAN -2 PM 4:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT # A95000000712

CONSOLIDATED MEDICAL MANAGEMENT, LTD. 96-AR

CM

DO NOT WRITE IN THIS SPACE

Mailing Address
10168 W. SAMPLE ROAD
CORAL SPRINGS FL 33065

Principal Office Address
10168 W. SAMPLE ROAD
CORAL SPRINGS FL 33065

2. New Mailing Address, if Applicable
Suite, Apt. #, etc.
City, State & Zip

2a. New Principal Office Address, if Applicable
Suite, Apt. #, etc.
City, State & Zip

If the addresses are incorrect in any way, line through the incorrect information and enter correct address 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
05/05/1995		FL

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number	7. CERTIFICATE OF STATUS REQUIRED
$100.00		65 0574464	Applied For / 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 on 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 607.193, 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

LAQUIS, GEORGE A M.D.
10168 W. SAMPLE ROAD
CORAL SPRINGS FL 33065

10. If changed, new Registered Agent/Office

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
ADMED, INC.	10168 W. SAMPLE ROAD	CORAL SPRINGS FL 3306	P95000031881

200001682452
-01/10/96--01006--013
****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 voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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 effect 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 X DATE

Typed or Printed Name of General Partner Signing Form Telephone Number

0005334

CR2E003 (6/95)