

Charter Number Only

8/28/95

A95000001280

VALIDATION ONLY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG 29 AM 10:45


Requestor's Name
medco Inc.
Address
1840 W. 49 St # 234
Hialeah, FL 33012
City State ZIP Phone

823-2440

CORPORATION(S) NAME

800001574458
-08/31/95--01026--012
***140.00 ***140.00

MEDCO OF HIALEAH, LTD.

 **Empire** Toll Free: 1-800-432-3028

- Profit
- NonProfit
- Foreign
- Limited Partnership
- Reinstatement
- Certified Copy
- Call When Ready
- Walk In
- Amendment
- Dissolution
- Annual Report
- Reservation
- Photo Copies
- Call If Problem
- Will Wait
- Merger
- Mark
- Other
- Change of Registered Agent
- Certificate Under Seal
- After 4:30
- Mail Out
- Pick Up

Name	PK
Availability	8/27/95
Document	
Examiner	
Updater	
Verifier	
Acknowledgment	
W.P. Verifier	

C. TAX
 FILING
 R. AGENT FEE 52.50
 C. COPY 25.00
 TOTAL 77.50

**CERTIFICATE OF LIMITED PARTNERSHIP
OF MEDCO OF HIALEAH, LTD.,
a Florida Limited Partnership**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG 29 AM 10:45

THE UNDERSIGNED general partner desiring to form a limited partnership pursuant to Florida Revised Limited Partnership Act as set forth in Part I, Chapter 620 of the Florida Statutes, hereby states the following:

1. The name of the limited partnership is MEDCO OF HIALEAH, LTD.. (the "Partnership").

2. The address of the office of the Partnership is 1840 W. 49th Street, Suite 235, Hialeah, Florida 33012.

3. The name and address of the agent for service of process on the Partnership is Bryan W. Miller, Jr., 1840 W. 49th Street, Suite 234, Hialeah, Florida 33012.

4. The name and business address of the general partner is MEDCO OF HIALEAH, INC., a Florida corporation, 1840 W. 49th Street, Suite 234, Hialeah, Florida 33012.

5. The mailing address of the Partnership is 1840 W. 49th Street, Suite 234, Hialeah, Florida 33012.

6. The latest date upon which the partnership will dissolve is November, 2045.

7. A conveyance or encumbrance of real property held by the Partnership name, and any other instrument affecting title to real property in which the Partnership has an interest shall be executed in the Partnership name by the General Partner.

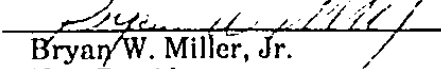
The execution of this Certificate by the undersigned General Partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the sole General Partner of MEDCO OF HIALEAH, INC. this 24th day of August, 1995.

GENERAL PARTNER:

MEDCO OF HIALEAH, INC.. a
Florida corporation

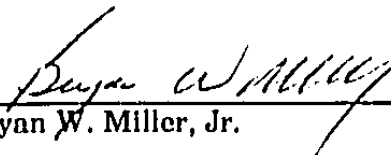
Dated 8/25/95

By: 
Bryan W. Miller, Jr.
Vice President

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for MEDCO OF HIALEAH, LTD., a Florida limited partnership (the "Partnership"), in the foregoing Certificate of Limited Partnership, I, on behalf of the Partnership, hereby agree 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.

REGISTERED AGENT


Bryan W. Miller, Jr.

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
95 AUG 29 AM 10:45

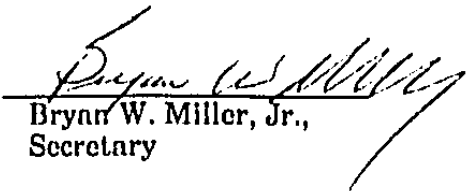
AFFIDAVIT OF CAPITAL CONTRIBUTIONS

THE UNDERSIGNED, MEDCO OF HIALEAH, INC., a Florida corporation, the sole general partner of MEDCO OF HIALEAH, LTD., a Florida limited partnership (the "Partnership"), certifies that the total initial amount of capital contributions and anticipated capital contributions by the limited partners of the Partnership is \$1,000.

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
95 AUG 29 AM 10:45

GENERAL PARTNER

MEDCO OF HIALEAH, INC.,
a Florida corporation

By: 
Bryan W. Miller, Jr.,
Secretary

DEBIT MEMORANDUM

TO : DEPARTMENT OF STATE
 DATE FOR OFFICIAL USE NUMBER

A 95000001280

STATE OF FLORIDA
 OFFICE OF STATE TREASURER
 TALLAHASSEE FLORIDA

FUND	AMOUNT	REASON RETURNED	KEY #
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1
TRUST	443.75	ACCOUNT CLOSED	2
OTHER		UNCOLLECTED FUNDS	3
TOTAL	443.75	OTHER	4

CROSS REF	SAMAS CODE	DISTRIBUTION	REASON	AMOUNT
12	45-20-2-130001-45300000-00-000100-00		1	8.75
12	45-20-2-130001-45300000-00-000100-00		1	17.50
12	45-20-2-130001-45300000-00-000100-00		1	52.50
12	45-20-2-130001-45300000-00-000100-00		2	140.00
12	45-20-2-130001-45300000-00-000100-00		1	225.00

GRAND TOTAL: \$ 443.75

RECEIVED
 SEP 19 AM 8:25

Process Date: 09/07/95

The above named fund(s) has been reduced by the amount of this check(s) under authority of Section 215.34, F.S.

Bill Nelson
 State Treasurer

FIRST FLORIDA LEASING, INC.
1840 W. 17th Ave., Suite 234
Hialeah, FL 33012-2949

PAY TO THE ORDER OF

2 *State* *and* *County* *of* *Florida*

8/28 *19* *93*

DOLLARS

ACCOUNT CLOSED
ACCOUNT CLOSED
ACCOUNT CLOSED

FOR DEPOSIT ONLY
#001258# 1:057007240: 0142050925#05

#0000014000#

① 1258

26/001/201 020

GEORGIA DALLI X053300470

56-50-BO.MT

03883100

12690020000

0500009 FRB MIAMI

0604525 02-05-55

800-523949
4192
06 075805 C

ACCOUNT CLOSED

ACCOUNT CLOSED

ACCOUNT CLOSED

SIGN BELOW THIS LINE

DEPT OF STATE 4500453
FOR DEPOSIT ONLY
4500453-0126-012

ACROSS HERE



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 20, 1995

First Florida Leasing, Inc.
1840 W. 49th Street
Suite 234
Hialeah, FL 33012-2949

SUBJECT: MEDCO OF HIALEAH, LTD.
Ref. Number: A95000001280

Debit Memo #: 60834-D

This is to inform you that your check #1258 dated August 28, 1995 in the amount of \$140.00 and submitted for MEDCO OF HIALEAH, LTD. has been returned to us by your bank because of Account Closed.

We request that you remit a cashier's check or money order in amount of \$165.00 made payable to the Department of State. This amount will cover the unpaid check and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashiers check or money order, please indicate the debit memo number and that it is a replacement for the returned check mentioned above.

Please note: The documents filed in this office with the returned check will be cancelled unless a replacement check is received within 30 days from the date of this letter. Send the replacement check to:

Division of Corporations
Attn: Melinda Lilliston
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions concerning the returned check, please call
(904) 487-6900.

Sincerely,
Melinda Lilliston
Administrative Assistant I
Division of Corporations

Letter number: 395A00043126

cc: Medco of Hialeah, LTD.
1840 W. 49th St., Suite 234
Hialeah, Florida 33012



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 27, 1995

First Florida Leasing Inc.
1840 W. 49th Street, Suite 234
Hialeah, FL 33012-2949

SUBJECT: MEDCO OF HIALEAH, LTD.
Ref. Number: A95000001280

Debit Memo #: 60834-D

Due to your failure to respond to our previous letter advising you of the returned check #1258, the Certificate of Limited Partnership for MEDCO OF HIALEAH, LTD. has been cancelled and is considered not filed as of October 25, 1995.

The name of your corporation is now available for use.

If you have any questions concerning the returned check, please call (904) 487-6900.

Sincerely
Melinda Lilliston
Administrative Assistant I
Division of Corporations

Letter Number: 395A00048383

cc:Medco of Hialeah, LTD.
1840 W. 49th Street, Suite 234
Hialeah, Florida 33012

A95000001280

1840 W. 49th Street, #234
Hialeah, Florida 33012

November 7, 1995

Secretary of State
Division of Corporation
Attention: Partnership Division
409 E. Gaines Street
Tallahassee, Florida 32399

To Whom It May Concern:

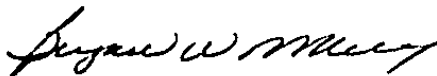
Subject: Medco of Hialeah, Ltd.
Reference No. A95000001280

Enclosed please find a money order in the amount of \$165.00 to replace the check returned to your office. Please reinstate this limited partnership as soon as possible.

90000163389
11/07/95 01029--016
***165.00 ***155.00

Thank you.

Very truly yours,



Bryan W. Miller, Jr.

Reactivated L.P. Agreement
Dm 60834-D
\$ 165.00

MPL