A96000001018

1201 Hays Street
Tallahassee, FL 32301-2602
800-342-8036

csc networks

ACCOUNT NO. : 072100000032

REFERENCE : 970480 7107213

AUTHORIZATION :

COST LIMIT : $ PREPAID

ORDER DATE : May 30, 1996

ORDER TIME : 10:54 AM

ORDER NO. : 970480

CUSTOMER NO: 7107213

CUSTOMER: Jean Dempsey, Legal Asst
THOMPSON ADAMS & HOFFMAN, P.A.

Suite 300
One Independent Drive
Jacksonville, FL 32202

DOMESTIC FILING

NAME: ST. AUGUSTINE MOB, LTD.

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Victoria L. Perez

EXAMINER'S INITIALS:

5/30/96

FILED
96 MAY 30 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP OF ST. AUGUSTINE MOB, LTD.

The undersigned, desiring to form a limited partnership under the Florida Revised Uniform Limited Partnership Act (1986) hereby certifies:

1. The name of the limited partnership is "St. Augustine MOB, Ltd. (the "Partnership").

2. The location of the principal place of business of the Partnership is 4651 Salisbury Road, Suite 155, Jacksonville, Florida 32256, or at such other place as the general partner may designate.

3. The street address of the registered office of the Partnership is 4651 Salisbury Road, Suite 155, Jacksonville, Florida 32256, and the name of the registered agent of the Partnership at that address is Brett J. Lewis.

4. The name and business address of the sole general partner of the Partnership is GH Medical Services, Inc., 3627 University Boulevard, South, Suite 840, Jacksonville, Florida 32216.

J51032

5. The mailing address of the Partnership is 4651 Salisbury Road, Suite 155, Jacksonville, Florida 32256.

6. The term of the Partnership shall commence on the date of filing hereof and shall continue until June 30, 2030.

7. For as long as the Partnership is indebted to Genesis Support Systems, Inc., a Florida corporation, the general partner of the Partnership may not without the written consent or joinder of Genesis Support Systems, Inc., make any distributions to Partners, increase any indebtedness of the Partnership, mortgage or grant a security interest in assets of the Partnership or sell or convey any assets of the Partnership.

IN WITNESS WHEREOF, the undersigned does solemnly swear that the foregoing statements are true and correct as of this 29th day of May, 1996.

GENERAL PARTNER:

GH MEDICAL SERVICES, INC.,

By: Douglas M. Baer

Douglas M. Baer, Vice President

STATE OF FLORIDA
COUNTY OF DUVAL

The foregoing instrument was acknowledged before me this 29th day of May, 1998, by Douglas M. Baer, as Vice President of GH Medical Services, Inc., a Florida corporation, on behalf of the corporation, the general partner of St. Augustine MOB, Ltd., who is personally known to me or has produced _____ as identification.

Print Name: William L. Thompson, Jr.
Notary Public, State of Florida
My Commission expires: ~~CC 479758~~ 9-11-99
Commission Number: CC 479758

SEAL
WILLIAM L. THOMPSON, JR.
My Comm. Exp. Sept. 11, 1999
Comm. No. CC 479758
Bonded thru Pichard Ins. Agcy.

CERTIFICATE DESIGNATING REGISTERED OFFICE AND REGISTERED AGENT FOR THE SERVICE OF PROCESS WITHIN FLORIDA

In compliance with Florida Statutes §48.061 and §620.105, the following is submitted:

St. Augustine MOB, Ltd., desiring to organize under the laws of the State of Florida hereby designates Brett J. Lewis as its registered agent to accept service of process within the State of Florida and the address of its registered office shall be 4651 Salisbury Road, Suite 155, Jacksonville, FL 32256.

ST. AUGUSTINE MOB, LTD.

By: GH MEDICAL SERVICES, INC.
General Partner

By: _____
Douglas M. Baer, President

Dated: May 29, 1996

Having been named to accept service of process for the above-named limited partnership at the place designated in this Certificate, the undersigned hereby agrees to act in this capacity and further agrees to comply with the provisions of the Florida Revised Uniform Limited Partnership Act (1986) relative to the keeping of said office and the proper and complete performance of his duties.

_____
Brett J. Lewis

Dated: May 29, 1996

STATE OF FLORIDA
COUNTY OF DUVAL

AFFIDAVIT OF CAPITAL CONTRIBUTIONS
OF ST. AUGUSTINE MOB, LTD.

Before me, the undersigned authority, personally appeared Douglas M. Baer, Vice President of GH Medical Services, Inc., the general partner of St. Augustine MOB, Ltd. (the "Partnership"), who being by me first duly sworn, deposes and says:

1. That GH Medical Services, Inc., is the sole general partner of the Partnership.

3. The limited partners have made capital contributions to the Partnership in the amount of $100 as of the date hereof.

4. It is anticipated that the limited partners may contribute up to an additional $-0- of capital to the Partnership.

Douglas M. Baer, Vice President
GH Medical Services, Inc.

STATE OF FLORIDA
COUNTY OF DUVAL

Sworn to and subscribed before me this 29th day of May, 1998, by Douglas M. Baer, as Vice President of GH Medical Services, Inc..

WILLIAM L. THOMPSON, JR.
My Comm. Exp. Sept. 11, 1999
Comm. No. CC 479758
Bonded thru Pichard Ins. Agcy.
(SEAL)

Print: William L. Thompson, Jr.
Notary Public, State of Florida
My Commission expires: Sept 11, 1999
Commission No.: CC 479758

Personally Known X
Produced Identification _____
Type: _____

F:\DOCS\WLT\STAUGMOB\CERTI.LTD

A96000001018

St Augustine mob, Llc
Requestor's Name

4651 Salisbury Rd, Ste 155
Address

Jacksonville, FL 32256
City/State/Zip Phone #

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 #)

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

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

	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
X	Amendment increasing to $ 100,000.00
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

Name Availability

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

FILED
97 MAR 28 PM 12:45

Examiner's Initials

CR2E031(1/95)

A96000001018

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned general partners of St. Augustine MOB, LLC, a

Florida Limited Partnership, executed this supplemental affidavit filed pursuant to section 620.112, Florida Statutes.

The total amount of the capital contributions of the limited partners is: $ 100,000

This 7th day of March, 19 97

FILED
97 MAR 28 PM 12:45

FURTHER AFFIANT SAYETH NOT.

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

General Partner(s)

Due
$ 700.00

FEES:
$7 per $1,000 based on the additional contributions
(Minimum $52.50 - Maximum $1,750.00)

INHSE20(3/95)

A96000001018

THOMPSON & ADAMS
ATTORNEYS AT LAW

ONE INDEPENDENT DRIVE, SUITE 3131
JACKSONVILLE, FLORIDA 32202

WILLIAM L. THOMPSON, JR., P. A.
ADAM G. ADAMS, III, P. A.
COURTNEY K. GRIMM

TELEPHONE: (904) 356-3131
TELEFAX: (904) 356-8009

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT -3 AM 11:06

July 31, 1997

100002970117-003
*****52.50 *****52.50

Florida Department of State
Division of Corporation
P. O. Box 6327
Tallahassee, FL 32314-6327

Re: ST. AUGUSTINE MEDICAL SERVICES, INC.

L.P.

Dear Sir/Madam:

I am enclosing for filing Articles of Amendment of St. Augustine Medical Services, Inc., changing its name to St. Augustine MOB, Inc.

Please note that the officers of St. Augustine MOB, Inc., and the officers of St. Augustine MOB, Ltd. are the same individuals and authorize the name change. The name and business address of the sole general partner of the St. Augustine MOB, Ltd., is St. Augustine MOB Joint Venture, a Florida joint venture between GH Medical Services, Inc., a Florida corporation, and St. Augustine MOB, Inc., a Florida corporation, 4651 Salisbury Road, Suite 155, Jacksonville, Florida 32256.

Additionally, please return a stamped copy of the original filed articles of amendment to our office at the above address.

Please contact our office should you have any questions or concerns. Thank you for your assistance and prompt response.

Very truly yours,

Jeane Dempsey
Paralegal

/jd
Enclosure(s)

A96-1018
KWM
10-3

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

August 6, 1997

THOMPSON & ADAMS
ATTN: JEANE DEMPSEY
ONE INDEPENDENT DRIVE., STE. 3131
JACKSONVILLE, FL 32202

SUBJECT: ST. AUGUSTINE MOB, LTD.
Ref. Number: A96000001018

We have received your document for ST. AUGUSTINE MOB, LTD., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for $52.50.

The document must state that it was duly executed and is being filed in accordance with section 620.109, Florida Statutes.

The total amount due is $52.50.

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 (850) 487-6967.

Kenny Manning
Corporate Specialist

Letter Number: 297A00040060

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT -3 AM 11:06

AMENDED AND RESTATED CERTIFICATE OF LIMITED PARTNERSHIP OF ST. AUGUSTINE MOB, LTD.

The undersigned, having formed a limited partnership under the Florida Revised Uniform Limited Partnership Act (1986), now desiring to amend the Certificate of Limited Partnership, hereby certifies: The Amended and Restated Certificate has been been duly executed and is filed in accordance with section 620.109 Florida Statues.

1. The name of the limited partnership is "St. Augustine MOB, Ltd." (the "Partnership").

2. The Certificate of Limited Partnership of the Partnership was filed with the Secretary of State on May 30, 1996.

3. The location of the principal place of business of the Partnership is 4651 Salisbury Road, Suite 155, Jacksonville, Florida 32256, or at such other place as the general partner may designate.

4. The street address of the registered office of the Partnership is 4651 Salisbury Road, Suite 155, Jacksonville, Florida 32256, and the name of the registered agent of the Partnership at that address is Brett J. Lewis.

5. The name and business address of the sole general partner of the Partnership is St. Augustine MOB Joint Venture, a Florida joint venture between GH Medical Services, Inc., a Florida corporation, and St. Augustine MOB, Inc., a Florida corporation, 4651 Salisbury Road, Suite 155, Jacksonville, Florida 32256.

6. The mailing address of the Partnership is 4651 Salisbury Road, Suite 155, Jacksonville, Florida 32256.

7. The term of the Partnership commenced on May 30, 1996, and shall continue until June 30, 2030.

8. For as long as the Partnership is indebted to GH Medical Services, Inc., a Florida corporation, the general partner of the Partnership may not without the written consent or joinder of GH Medical Services, Inc., make any distributions to Partners, increase any indebtedness of the Partnership, mortgage or grant a security interest in assets of the Partnership or sell or convey any assets of the Partnership.

IN WITNESS WHEREOF, the undersigned does solemnly swear that the foregoing statements are true and correct as of this 26th day of July, 1996.

GENERAL PARTNER:

ST. AUGUSTINE MOB JOINT VENTURE

By: St. Augustine MOB, Inc.
Joint Venture Partner

By:_____
Brett J. Lewis, President

By: GH Medical Services, Inc.
Joint Venture Partner

By:_____
Douglas M. Baer, Vice President

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 OCT -3 AM 11:06

STATE OF FLORIDA
COUNTY OF DUVAL

The foregoing instrument was acknowledged before me this 26th day of July, 1996, by Douglas M. Baer, as Vice President of GH Medical Services, Inc.,a Florida corporation, on behalf of St. Augustine MOB Joint Venture, the general partner of St. Augustine MOB, Ltd., who is personally known to me or has produced _____ as identification.

Leaugay McKean
Print Name: Leaugay McKean
Notary Public, State of Florida
My Commission expires:
Commission Number:

OFFICIAL SEAL
LEAUGEAY McKEAN
My Commission Expires
Jan. 21, 1997
Comm. No. CC 254169

(SEAL)

STATE OF FLORIDA
COUNTY OF DUVAL

The foregoing instrument was acknowledged before me this 29th day of July, 1996, by Brett J. Lewis, as President of St. Augustine MOB, Inc.,a Florida corporation, on behalf of St. Augustine MOB Joint Venture, the general partner of St. Augustine MOB, Ltd., who is personally known to me or has produced_____ as identification.

Janet A. Thomas
Print Name: Janet A. Thomas
Notary Public, State of Florida
My Commission expires:
Commission Number:

JANET A. THOMAS
NOTARY PUBLIC, STATE OF FLORIDA
My commission expires Jan. 9, 1998
Commission No. CC 340595
Bonded thru Patterson - Hecht Agency

(SEAL)

F:\DOCS\WLT\LEWIS\AUGMOB\CERTI.LTD