A96000001018

Rogers, Lowrie & Tal.
Requestor's Name
106 So. Monroe St.
Address
Tallahassee Fl 32301
City/State/Zip / Phone #
850/222-7200

Office Use Only

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

1. St. Augustine MOB Ltd. (Corporation Name) (Document #)
2. (Corporation Name) A96000001018 (Document #)
3. (Corporation Name) (Document #)
4. (Corporation Name) (Document #)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

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

*Please Stn. a filed stamped copy. Thanks.

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

MK 12/2/98

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Examiner's Initials	

CR2E031(1/95)

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

(filed in accordance with Section 620.109, F.S.)

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:

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 3627 University Boulevard, South, Suite 840, Jacksonville, Florida 32216, or at such other place as the general partner may designate.

4. The street address of the registered office of the Partnership is 3627 University Boulevard, South, Suite 840, Jacksonville, Florida 32216, and the name of the registered agent of the Partnership at that address is Douglas M. Baer.

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

351032

6. The mailing address of the Partnership is 3627 University Boulevard, South, Suite 840, Jacksonville, Florida 32216.

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

IN WITNESS WHEREOF, the undersigned does solemnly swear that the foregoing statements are true and correct as of this 24th day of November, 1998.

GENERAL PARTNER:

GH MEDICAL SERVICES, INC.

By: _____
Douglas M. Baer, President

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STATE OF FLORIDA
COUNTY OF DUVAL

The foregoing instrument was acknowledged before me this 24th day of November, 1998, by Douglas M. Baer, as 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.

Leaugeay A. McKean
Notary Public

Leaugeay A. McKean
Notary Public, State of Florida
Commission No. CC 600995
My Commission Exp. 01/21/2001
1-800-3-NOTARY - Fla. Notary Service & Bonding Co.

Print Name
My Commission Expires:
Commission Number:

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