

B01000000137

CT CORPORATION SYSTEM

FILED
01 APR 11 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

- (1) OOTB, LLC
- (2) Captec Healthnet Finance LP

000003992580-115
-04/11/01-01073-015
*****87.50 *****87.50

- | | | |
|---|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Change of RA |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Photocopies | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Call If Problem | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | <input type="checkbox"/> Will Wait | |

RECEIVED
01 APR 11 PM 2:12
DIVISION OF CORPORATION

Name 4/11/01 Order#: 4050310
 Availability _____
 Document _____
 Examiner _____ Ref#: _____
 Updater _____
 Verifier _____
 W.P. Verifier _____ Amount: \$ _____

File 2nd

2/4/11

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

01 APR 11 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Captec HealthNet Finance LP
(Name of limited partnership as it is in the home state)

2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida must contain the word "LIMITED" or "LTD.")

3. Texas 4. March 28, 2001
(State of formation) (Date of formation)

5. CT Corporation System
(Name of Registered Agent for Service of Process)

6. 1200 South Pine Island Road
(Street Address of Registered Office)

Plantation Florida 33324
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:

Claudia L. Saari Claudia L. Saari
(Agent must sign on this line) Asst. Secretary

8. 350 N. St. Paul St.
Dallas Tx 75201
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS	STREET ADDRESS
<u>OOTB, LLC, a Michigan limited liability company</u>	<u>24 Frank Lloyd Wright Drive, Lobby M, 3rd Floor</u> <u>Ann Arbor, Michigan 48105</u>
<u>101-818</u>	

10. 24 Frank Lloyd Wright Drive, Lobby M, 3rd Floor, Ann Arbor, Michigan 48105
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

12. P.O. Box 544, Ann Arbor, Michigan 48106-0544

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 30th day of March, 2001.

Gary A. Bruder, Asst. Sec.
General Partner

STATE OF Michigan

COUNTY OF Washtenaw

On this 30th day of March, 2001.

Gary A. Bruder, personally appeared before me,

who is personally known to me

whose identity I proved on the basis of _____

Margaret K. Rivera
(Notary Public Signature)

MARGARET K. RIVERA
Notary Public, Wayne County, MI
Acting in Washtenaw County, MI
My Commission Expires June 12, 2003
(Notary's Printed Name)

Seal

My Commission Expires: 6-12-01

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

01 APR 11 PM 4:02
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BEFORE ME the undersigned personally appeared Gary A. Bruder
a general partner of Captec HealthNet Finance LP, a (an) Texas
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ -0-.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ -0-.

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 30th day of March, 2001.

Gary A. Bruder, Asst. Sec.
General Partner

STATE OF Michigan

COUNTY OF Washtenaw

On this 30th day of March, 2001

Gary A. Bruder, personally appeared before me,

- who is personally known to me
 whose identity I proved on the basis of _____

Margaret K. Rivera
(Notary Public Signature)

MARGARET K. RIVERA
Notary Public, Wayne County, MI
Acting in Washtenaw County, MI
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