B05000000318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

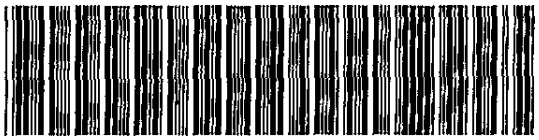
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600054663586

06/14/05--01023--010 **52.50

07/07/05--01002--023 **35.00

FILED
2005 JUL 25 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B05-318

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 7, 2005

GEORGE BRETZ
2411 FOUNTAINVIEW, SUITE 101
HOUSTON, TX 77057

SUBJECT: ADVANCED MEDICAL RESOURCES, LLP
Ref. Number: W05000030404

We have received your document for ADVANCED MEDICAL RESOURCES, LLP and your check(s) totaling $87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 305A00045169

FILED
2005 JUL 25 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

June 21, 2005

GEORGE BRETZ
2411 FOUNTAINVIEW, SUITE 101
HOUSTON, TX 77057

SUBJECT: ADVANCED MEDICAL RESOURCES, LLP
Ref. Number: W05000030404

We have received your document for ADVANCED MEDICAL RESOURCES, LLP and check(s) totaling $52.50 of which $52.50 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of $35.00 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is <u>not</u> <u>acceptable</u>.

LIMITED PARTNERSHIP CERTIFICATE/APPLICATION BASIC FEES

Filing fees $52.50 minimum - $1750 maximum
Registered Agent Designation $35

The filing fee is based on the total amount contributed and anticipated to be contributed by the limited partners as shown in the affidavit at a rate of $7 per $1000. The filing fee for an Application to Register a Foreign Limited Partnership is based on the total amount contributed by the limited partners allocated for the purpose of transacting business in the State of Florida at a rate of $7 per $1000.

Certified Copy (15 pages or less, $1 for each additional page after initial 15 pages)	$52.50
Registered Agent/Office Change	$35
Name Reservation (120 days nonrenewable)	$35

FILED
2005 JUL 25 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amendment	
(other than specified)	$52.50
Affidavit Decreasing Contributions	$52.50
Affidavit Increasing Contributions	
$7 per $1000 on increase only	
($52.50 minimum-$1750 maximum)	
Certificate of Status or Fact	$8.75
Cancellation	$52.50
Resignation of Registered Agent	$87.50
LP Annual Report/Uniform Business Report	
$7 per $1000 of invested capital	
($52.50 minimum - $437.50 maximum)	
plus Supplemental Fee of $138.75	
Reinstatement	
($500 for each year or part thereof the partnership was revoked plus the delinquent annual report/uniform business report fees)	

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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 105A00042453

FILED
2005 JUL 25 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ADVANCED MEDICAL RESOURCES

Your primary medical resource

June 9, 2005

Department of The State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Application by Foreign Limited Partnership For Authorization To Transact Business

Dear Sir/Madam:

Enclosed is an application to transact business in the state of Florida. Our contact information is as follows:

George Bretz – 713-458-4601

You may send the acknowledgment to:

George Bretz
2411 Fountainview, Ste 101
Houston, Texas 77057

If you have any questions regarding our application, you can reach me or Laura Harvey at 713-458-4616.

Sincerely,

George Bretz
CEO

GB/lyh

FILED
2005 JUL 25 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Adv Medical Resources, LP or AMR, LP

1. ~~Advanced Medical Resources, LLP~~
(Name of limited partnership as it is in the home state)

Adv Med Resources Ltd, LP

2. ~~Advanced Medical Resources Ltd LLP~~
(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 (State of Formation) 4. 6-8-05 (Date of Formation)

5. Dietra Blevins
(Name of Registered Agent for Service of Process)

6. 31177 US Highway 19 N #1711
(Street Address of Registered Office)

Palm Harbor (City), Florida FL 34684 (Zip Code)

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

Dietra Blevins
(Agent must sign on this line)

8. 2411 Fountainview, Suite 101

Houston, TX 77057
(Address of registered office required in state of formation or, if not required, address of principal office.)

FILED
2005 JUL 25 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9. NAMES OF GENERAL PARTNERS — STREET ADDRESS

George Bretz — 1000 Faccak Ln, #1026, Stafford, TX 77477

Leonard Brown — 3315 Mesquite, Sugar Land, TX 77479

10. 2411 Fountainview Ln, Suite 101, Houston TX 77057
(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. 2411 Fountainview, Suite 101

Houston, TX 77057

(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 9TH day of JUNE, 2005

George Bretz

General Partner

STATE OF Texas

COUNTY OF Harris

On this 9th day of June, 2005.

George Bretz, personally appeared before me,

☑ who is personally known to me

☐ whose identity I proved on the basis of _____

Pamela K. Thornton

(Notary Public Signature)

Pamela K. Thornton

(Notary's Printed Name)

Seal

My Commission Expires: 4-19-2009

PAMELA K. THORNTON NOTARY PUBLIC STATE OF TEXAS EXPIRES 4-19-2009

2005 JUL 26 PM 3:46

FILED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared George Bretz,
a general partner of Advanced Medical Resources, a (an) LLP
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 9TH day of JUNE, 2005.

George Bretz
General Partner

STATE OF Texas

COUNTY OF Harris

On this 9th day of June, 2005,

George Bretz, personally appeared before me,

☑ who is personally known to me

☐ whose identity I proved on the basis of _____

FILED
2005 JUL 25 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pamela K. Thornton
(Notary Public Signature)

Pamela K. Thornton
(Notary's Printed Name)

Seal My Commission Expires: 04-19-2009

PAMELA K. THORNTON
NOTARY PUBLIC
STATE OF TEXAS
EXPIRES
4-19-2009