

January 19, 2001

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

000003563000--3 -01/22/01--01112--021 ***1750.00 ***1750.00

RE:

Five Points Health Care, Ltd.

Dear Sir or Madam:

Enclosed please find a Supplemental Affidavit to the Certificate of Limited Partnership for Five Points Health Care, Ltd., a Florida limited partnership. We have enclosed our client's check in the amount of \$1,750.00 to cover the cost of the filing fee. We would appreciate your filing the Supplemental Affidavit to the Certificate of Limited Partnership immediately upon receipt and returning a copy of the filing to our office.

If you have any questions, please do not hesitate to call.

Very Truly Yours,

dott 1kh

Scott L. Glazier

FILED
SECRETARY OF SHALL
SECRETA

Encl.

SLG/kh

A00-1629

STATE OF FLORIDA COUNTY OF DUVAL

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS OF FIVE POINTS HEALTH CARE, LTD.

Before me, the undersigned authority, personally appeared Steven W. Sell, President of Five Points Managers, Inc., a Florida corporation, who being by me first duly sworn, deposes and says that:

- 1. He is President of Five Points Managers, Inc., a Florida corporation.
- 2. Five Points Managers, Inc. is the sole general partner of Five Points Health Care, Ltd., a Florida limited partnership (the "Partnership").
- 3. The limited partners of the Partnership have made capital contributions to the Partnership in excess of the anticipated capital contributions of the limited partners.
- 4. The limited partners contributed \$495,000 in cash to the capital to the Partnership.
- 5. This Affidavit is being filed within thirty (30) days of the time of the additional capital contributions of the limited partners in accordance with the requirements of Florida Statute Section 620.112.

Steven W. Sell.

This instrument was acknowledged before me this 15th day of January, 2001, by STEVEN W. SELL, as President of Five Points Managers, Inc., a Florida corporation, as general partner of Five Points Health Care, Ltd., a limited partnership, on behalf of said Partnership, who is personally known to me or who has produced as identification.

Print Name: CH Charles Wiscon Coa2023
Notary Public Expires March 23, 2003

State of Florida at Large

My Commission Expires: 3/23/200 Commission No.: CC 820237