

*Thomas P. ...*  
**A01000000928**

Requestor's Name  
*3399 PGA Blvd. Ste 240*  
Address  
*Palm Beach Gardens, FL 33410*  
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

FILED  
01 JUL -3 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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-07/10/01--01015--008  
\*\*\*\*201.25 \*\*\*\*\*87.50

*A01-928*  
*713 ac*  
*ff \$87.50*

Examiner's Initials



CERTIFICATE OF LIMITED PARTNERSHIP

1. Bellaire Medical Equity Investors, Ltd.  
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 3399 PGA Boulevard, Suite 240, Palm Beach Gardens, FL 33410  
(Business address of Limited Partnership)
3. Thomas K. Pierce, Esquire  
(Name of Registered Agent for Service of Process)
4. 3399 PGA Boulevard, Suite 240, Palm Beach Gardens, FL 33410  
(Florida street address for Registered Agent)
5. \_\_\_\_\_  
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 3399 PGA Boulevard, Suite 240, Palm Beach Gardens, FL 33410  
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: 12/31/2099

8.	Name(s) of general partner(s):	Street Address:
	Florida/Bellaire Medical Equity Investors, Inc.	3399 PGA Boulevard, Suite 240 Palm Beach Gardens, FL 33410

801-67800

*Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.*

Signed this 28 day of June, 2001.

Signature of all general partners:

Florida/Bellaire Medical Equity Investors, Inc.

By: \_\_\_\_\_  
Name: Malcolm Sina  
Its: President

FILED  
01 JUL -3 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**AFFIDAVIT OF CAPITAL CONTRIBUTIONS  
FOR FLORIDA LIMITED PARTNERSHIP**

*The undersigned constituting all of the general partners of Bellaire Medical Equity Investors, Ltd., a Florida Limited Partnership, certify:*

The amount of capital contributions to date of the limited partners is \$ 1,000.00.

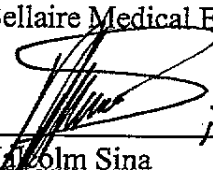
The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$ 1,000.00.

Signed this 28 day of June, 2001.

FURTHER AFFIANT SAYETH NOT.

*Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.*

Florida/Bellaire Medical Equity Investors, Inc.

By:   
Name: Malcolm Sina  
Its: President

FILED  
01 JUL -3 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA