

A02000001447

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(City/State/Zip/Phone #)

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(Business Entity Name)

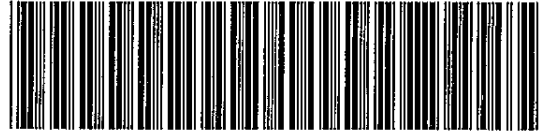
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10/31/02--01035--006 \*\*52.50

11/04/02--01026--025 \*\*35.00

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2002 NOV -4 PM 12:11  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

W02-31358  
J. BRYAN OCT 31 2002

J. BRYAN NOV - 4 2002



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State

October 31, 2002

EMPIRE

SUBJECT: LA CLINIQUE SOLEIL URGENT CARE CENTRE, LTD.  
Ref. Number: W02000031358

We have received your document for LA CLINIQUE SOLEIL URGENT CARE CENTRE, LTD. and your check(s) totaling \$52.50. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$35.00.

If you have any further questions concerning your document, please call (850) 245-6043.

Joey Bryan  
Document Specialist  
Tax Liens

Letter Number: 002A00059884

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TALLAHASSEE, FLORIDA

Martin Thirer  
Requestor's Name  
1475 W Cypress Creek Rd # 804  
Address  
Ft. Lauderdale, FL 33309  
City State ZIP Phone

VALIDATION ONLY

CORPORATION(S) NAME

LA Clinique Soleil Urgent  
Care Centre, LTD.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Profit              | <input type="checkbox"/> Amendment       | <input type="checkbox"/> Merger                     |
| <input type="checkbox"/> NonProfit           | <input type="checkbox"/> Dissolution     | <input type="checkbox"/> Mark                       |
| <input type="checkbox"/> Foreign             | <input type="checkbox"/> Annual Report   | <input checked="" type="checkbox"/> Other LTD       |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation     | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement       | <input type="checkbox"/> Photo Copies    | <input type="checkbox"/> Certificate Under Seal     |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem            |
| <input checked="" type="checkbox"/> Walk In  | <input type="checkbox"/> Will Wait       | <input checked="" type="checkbox"/> Pick Up         |
|  | <input type="checkbox"/> After 4:30      | <input type="checkbox"/> Mail Out                   |

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**CERTIFICATE OF LIMITED PARTNERSHIP OF  
LA CLINIQUE SOLEIL URGENT CARE CENTRE, LTD.**

FILED  
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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. The name of the Limited Partnership is:

LA CLINIQUE SOLEIL URGENT CARE CENTRE, LTD.

2. The principal place of business and mailing address of the Limited Partnership is 1720 Harrison Street, Suite 1725, Hollywood, Florida 33020.

3. The name and address of the Registered Agent for Service of Process is Stephen M. Golding, 1475 West Cypress Creek Road, Suite 204, Fort Lauderdale, Florida 33309.

4. The latest date upon which the Limited Partnership is to be dissolved is December 31, 2100.

5. The name and address of the General Partner is:

CLINIQUE MEDMANAGEMENT GROUP, LLC # L020000023475  
1720 Harrison Street, Suite 1725  
Hollywood, Florida 33020

IN WITNESS WHEREOF, the undersigned General Partner has signed this Certificate of Limited Partnership this 29 day of October, 2002.

GENERAL PARTNER:

CLINIQUE MEDMANAGEMENT GROUP, LLC  
a Florida limited liability company

By: Lee Kortmansk

LEE KORTMANSKY, MEMBER

I, STEPHEN M. GOLDING, having been named to accept service of process for LA CLINIQUE SOLEIL URGENT CARE CENTRE, LTD., a Florida limited partnership, at the place designated in this certificate, hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

By: Stephen M. Golding

Stephen M. Golding, Registered Agent

## AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF FLORIDA :

COUNTY OF BROWARD :

The undersigned constituting all of the general partners of LA CLINIQUE  
SOLEIL URGENT CARE CENTRE, LTD., certify:

The amount of capital contributions to date of the limited partners is \$250.00.

The total amount contributed and anticipated to be contributed by the limited  
partners at this time totals \$250.00.

FURTHER AFFIANT SAYETH NOT.

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

GENERAL PARTNER:

CLINIQUE MEDMANAGEMENT GROUP, LLC  
a Florida limited liability company

By: Lee Kortmansky

LEE KORTMANSKY, MEMBER

On this 29 day of October, 2002, before me personally came  
LEE KORTMANSKY, to me personally known, who being by me duly sworn,  
did depose and says that the foregoing facts are true and accurate and that he is the  
Managing Member of CLINIQUE MEDMANAGEMENT GROUP, LLC, a Florida limited  
liability company, the company described herein and which executed the foregoing  
instrument.

Nancy A. Koch

NOTARY PUBLIC STATE OF FLORIDA

My Commission Expires:

