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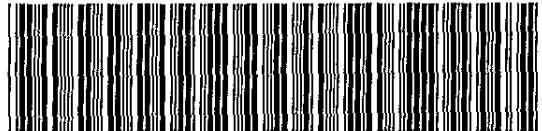
(Business Entity Name)

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CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 201096 4328337

AUTHORIZATION :

Patricia Pijoto

COST LIMIT : \$ 87.50

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03 AUG 11 PM 4:45
CLERK
TALLAHASSEE, FLORIDA

ORDER DATE : August 11, 2003

ORDER TIME : 12:12 PM

ORDER NO. : 201096-015

CUSTOMER NO: 4328337

CUSTOMER: Ms. Marlene Marsh
Cohen & Grigsby

15th Floor
11 Stanwix Street
Pittsburgh, PA 15222

DOMESTIC FILING

NAME: OXFORD MEDICAL GROUP, LTD.

*****FILE 2ND*****

EFFECTIVE DATE:

 ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 1135

EXAMINER'S INITIALS: _____

CERTIFICATE OF LIMITED PARTNERSHIP

1. Oxford Medical Group, Ltd.
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 1998 South East 17th Court, Pompano Beach, FL 33062
(Business address of Limited Partnership)
3. Mark A. Steffine
(Name of Registered Agent for Service of Process)
4. 1998 South East 17th Court, Pompano Beach, FL 33062
(Florida street address for Registered Agent)
5. By: [Signature]
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 1998 South East 17th Court, Pompano Beach, FL 33062
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: perpetual

8. Name(s) of general partner(s): _____ Street address: _____

Oxford Medical Group, LLC

1998 South East 17th Court

Pompano Beach, FL 33062

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 8th day of August, 2003

Signature of all general partners:

Oxford Medical Group, LLC

General Partner

General Partner

By: [Signature]

General Partner

General Partner

General Partner

General Partner

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

FILED
03 AUG 11 PM 14:45
TALLAHASSEE, FLORIDA
CLERK OF DISTRICT COURT

The undersigned constituting all of the general partners of Oxford Medical Group, LLC

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 500.00

The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 500.00

Signed this 8th day of August, 2003

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.*

Oxford Medical Group, LLC

General Partner

By: 

~~General Partner~~ member

General Partner

General Partner

General Partner

General Partner