

A03 00000 1204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

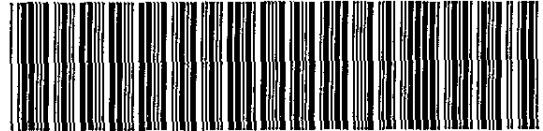
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200022059932

08/07/03--01027--022 **52.50

200022059932
08/19/03--01024--023 **35.00

FILED

A03-1204
al



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 19, 2003

WILLIAM CUSHING
4965 E. SABLE PALM BLVD. #206
TAMARAC, FL 33319

SUBJECT: IMPG, LTD.
Ref. Number: W03000022758

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

The document was returned to you on August 12, 2003.,

The registered agent must sign accepting the designation.

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: 303A00045885

RECEIVED
FLORIDA
DEPARTMENT OF STATE
AUG 20 2003

2003 AUG 20 PM 3:00

FILED

William Cushing, M.D., J.D.

4965 E. Sable Palm Blvd., #206, Tamarac, FL 33319 wcush60341@aol.com 954-465-8415

August 1, 2003

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: Certificate of Limited Partnership and Affidavit declaring capital contributions
for IMPG LTD.

Good morning,

Enclosed is an original and copy of a Certificate of Limited Partnership for IMPG
LTD. and an affidavit declaring the amount of capital contributions of the limited
partners.

A filing fee of \$52.50 is also enclosed.

Please direct correspondence to: W. Cushing, 4965 E. Sable Palm Blvd., #206,
Tamarac, FL 33319.

Sincerely,

William Cushing

William Cushing, M.D., J.D.

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL
AUG 1 2003
FILED



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 12, 2003

WILLIAM CUSHING
4965 E. SABLE PALM BLVD. #206
TAMARAC, FL 33319

SUBJECT: IMPG, LTD.
Ref. Number: W03000022758

We have received your document for IMPG, LTD. 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.

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

RECEIVED
FEB 11 2004
TAMARAC, FL
SECRETARY OF STATE

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)

The registered agent must sign accepting the designation.

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: 303A00045885

FILED

SEP 10 2003

STATE OF FLORIDA
TALLAHASSEE

William Cushing, M.D., J.D.

4965 E. Sable Palm Blvd., #206, Tamarac, FL 33319 wcush60341@aol.com 954-465-8415

August 14, 2003

Ms. Tammy Cline
Limited Partnership Registration
Division of Corporations
Florida Dept. of State
P.O. Box 6327
Tallahassee, FL 32314

Re: letter # 303A00045885, Document # W03000022758, Rejected Filing IMPG LTD.

Good morning Ms. Cline:

Noticed the filing of IMPG, LTD. was rejected. A call to the Division of Corporations indicated that a \$35.00 Registered Agent fee was needed. My apologies for the mistake. A check for \$35.00 is attached.

Sincerely,


William Cushing

RECEIVED
DIVISION OF CORPORATIONS
FLORIDA DEPT. OF STATE
TALLAHASSEE, FLORIDA

AUG 14 2003 PM 3:07

FICD

William Cushing, M.D., J.D.

4965 E. Sable Palm Blvd., #206, Tamarac, FL 33319 wcush60341@aol.com 954-465-8415

August 20, 2003

Tammi Cline
Document Specialist
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314


Re: Letter # 303A00045885, Ref. # W03000022758, IMPG LTD.

Good morning Ms. Cline:

Enclosed is an original and copy of an ACCEPTANCE OF APPOINTMENT AS REGISTERD AGENT by Nsidibe Ikpe, D.O. as you requested. A check for \$35.00 was sent to you on 8/14/03 and a copy is also enclosed.

The originally, but returned, documents are also enclosed. Please call me if there are any further needs.

Sincerely,


William Cushing

Enc: Copy of letter of 8/12/03 from T. Cline
Original & copy of Certificate of Limited Partnership signed by Nsidibe Ikpe, D.O.
Original & copy of Affidavit of Capital Contributions signed by Nsidibe Ikpe, D.O.
Original & copy of Acceptance of Appointment as Registered Agent signed by Nsidibe Ikpe, D.O.
Copy of letter of 8/14/03 from W. Cushing and copy of \$35.00 check for registered agent fee.

FILED
AUG 20 2003
TALLAHASSEE, FLORIDA

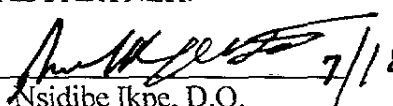
CERTIFICATE OF LIMITED PARTNERSHIP OF
IMPG, LTD.
a Florida limited partnership

The undersigned General Partner, desiring to form a limited partnership under the Florida Revised Uniform Limited Partnership Act (1986), hereby states:

1. The name of the Partnership is IMPG, LTD.
2. The address of the office of the Partnership is 6630 Biscayne Blvd., Miami, FL 33138.
3. The name and address of the agent for service of process on the Partnership is Dr. Nsidibe Ikpe, 6630 Biscayne Blvd., Miami, FL 33138.
4. The name and business address of the sole general partner is Physicians Access Group, Inc., 6630 Biscayne Blvd., Miami, FL 33138. 803-69307
5. The mailing address of the Partnership is 6630 Biscayne Blvd., Miami, FL 33138.
6. The latest date on which the Partnership shall dissolve is December 31, 3002.

The execution of this certificate by the undersigned General Partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed on behalf of the sole General Partner of IM2003, LTD. on July 3, 2003.

	GENERAL PARTNER: By: <u></u> 7/18/03 Nsidibe Ikpe, D.O. President, Physicians Access Group, Inc.

FILED
JUL 22 AM 8:05
CLERK OF COURT
CLERK OF COURT
CLERK OF COURT

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF FLORIDA
COUNTY OF DADE

Before me, the undersigned authority, personally appeared Nsidibe Ikpe, D.O., President of Physician Access Group, Inc., the sole general partner of IMPG, LTD. (the "Partnership"), who was sworn, certified as follows:

1. The amount of capital contributions to the Partnership made by the limited partners is, in the aggregate, One Thousand and No/100 (\$1,000.00) Dollars.

2. At this time, it is not anticipated that additional capital contributions will be made by the limited partners.

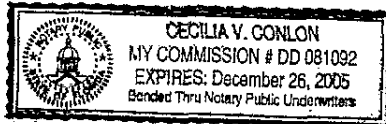
Under penalties of perjury, I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

Applicant, Nsidibe Ikpe July 21, 2003

Sworn to and subscribed before me on July 21, 2003 by Nsidibe Ikpe
[Signature] Notary Public -- State of Florida

Personally Known
OR

Produced Identification



Type of Identification Produced: FL DRIVER LICENSE

FILED
JUL 22 2003
NOTARY PUBLIC
STATE OF FLORIDA

FROM : WILLIAM CUSHING

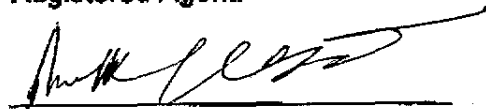
FAX NO. : 9549715837

Aug. 18 2003 01:38PM P2

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as statutory registered agent for IMPG LTD., a Florida limited partnership, in the Certificate of Limited Partnership for IMPG Ltd., I, Nsidibe Ikpe, D.O., hereby agree to act in the capacity, and, on behalf of the Partnership, to accept service of process for the Partnership and to comply with any and all statutes relative to the complete and proper performance of the duties of registered agent.

Registered Agent:



signed: Nsidibe Ikpe, D.O.

FILED

2003 AUG 18 PM 3:07

CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA