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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : JAM MARK LIMITED
Account Number : I20000000112
Phone : (305) 789-7758
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DIVISION OF CORPORATIONS
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**FLORIDA/FOREIGN LP/LLLP
HPM Practice Management, Ltd.**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$1,052.50

B. KOHR

JUN 9 2011

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

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DIVISION OF CORPORATIONS
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1. HPM PRACTICE MANAGEMENT, LTD.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.
or LLLP.

2. 12905 SW 42nd Street, Suite 212, Miami, FL 33175

(Street address of initial designated office)

3. Corporate Creations Network Inc.

(Name of Registered Agent for Service of Process)

4. 11380 Prosperity Farms Road, #221

(Florida street address for Registered Agent)

Palm Beach Gardens, FL 33410

5. *I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Jim Perkins, Vice President

(Signature of Registered Agent)

6. 12905 SW 42nd Street, Suite 212, Miami, FL 33175

(Mailing address of initial designated office)

7. If limited partnership elects to be a limited liability limited partnership, check box ☐

8. Name and business address of each general partner:

Name:

SKCMD, Inc.

Business Address:

12905 SW 42nd Street, Suite 212

Miami, FL 33175

9. Effective date, if other than the date of filing: Date of filing

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this 9th day of June, 2011.

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SKCMD, Inc./Keith Collins, President

x

Keith Collins

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75