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

From: Account Name : TRIAD PROFESSIONAL SERVICES, LLC  
Account Number : I20020000094  
Phone : (770) 777-2091  
Fax Number : (770) 220-1943

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LP/LLP  
Fidelitas Medical IT-Solutions LP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$1,000.00

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11/1/2011

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Fidelitas Medical IT-Solutions LP  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Elissa Hart  
(Contact Person)  
Smith, Gambrell & Russell, LLP  
(Firm/Company)  
1230 Peachtree St., Suite 3100  
(Address)  
Atlanta, GA 30309  
(City, State and Zip Code)

For further information concerning this matter, please call:

Elissa Hart at ( 404 ) 815-3500  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fees (596\$ Filing Fee and \$35 Registered Agent Fee)
- \$1,008.75 Filing Fees and Certificate of Status
- \$1,052.50 Filing Fees and Certified Copy
- \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

CR2E030 (01/06)

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

1. Fidelitas Medical IT-Solutions LP

*(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. 1214 SE 47th Street, Suite 311  
*(Street address of initial designated office)*

Cape Coral, FL 33904

3. Andreas Kunz  
*(Name of Registered Agent for Service of Process)*

4. 1214 SE 47th Street, Suite 311  
*(Florida street address for Registered Agent)*

Cape Coral, FL 33904

*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.*

by:  X  
Signature of Registered Agent

6. 1214 SE 47th Street, Suite 311  
*(Mailing address of initial designated office)*

Cape Coral, FL 33904

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

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8. Name and business address of each general partner:

Name:

Business Address:

Fidelitas Medical IT-Solutions Management Corp.

1214 SE 47th Street, Suite 311

Cape Coral, FL 33904

9. Effective date, if other than the 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 31 day of October 2011

Signature of each general partner:

Fidelitas Medical IT-Solutions Management Corp.,  
as the General Partner

By: 

Andreas Kunz, Chief Executive Officer

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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