

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="font-size: 4em; font-weight: bold; opacity: 0.5;">A22050</div> <div style="text-align: center;"> </div> <div style="text-align: right;"> FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS </div> </div>		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 MAY -7 AM 9:45	
DOCUMENT # A22050 1. Name of Limited Partnership WEBB MEDICAL SERVICES, LTD.			
2. Mailing Address 1805 SE Lake Weir Avenue, Ocala, FL 34471 Suite, Apt. #, etc. Suite 106 City & State Ocala FL 34471 Zip 34471 Country Marion		3. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
4. Date Formed or Registered To Do Business in Florida 02/14/86		5. FEI Number 59-2536344	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>Not Applicable</small>		7. State or Country of Formation Florida	
8a. Capital Contributions as Shown on Record \$5,000		FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$103.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.	
8b. Amount of Capital Contributions in FLORIDA to date:			
9. Name and Address of Current Registered Agent WEBB, MICHAEL J. WEBB, M.D. 1805 SE LAKE WEIR AVENUE, STE. 106 OCALA, FL 34471		10. If changed, new registered agent/office Name Street Address (P.O. Box Number or Acceptable) Suite, Apt. #, etc. City Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment)		DATE 05/01/97	
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
11. Names of General Partner(s) WEBB, MICHAEL J.	Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1805 SE LAKE WEIR AVE	City, State and Zip Code OCALA FL34471	11a. Registration Document Number A22050
<div style="font-size: 2em; font-weight: bold;">REINSTATEMENT</div> <div style="font-size: 3em; font-weight: bold; margin-top: 10px;">07-0251</div>			
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.			
SIGNATURE		DATE 05/01/97	
Typed or Printed Name of General Partner Signing Form Michael J. Webb, M.D.		Telephone Number 352-629-5161	

CR2039 (1/97)