

A 25291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

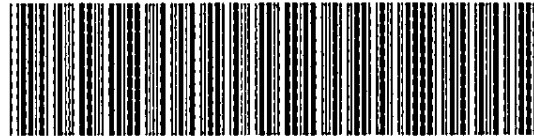
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 JAN 10 PM 5:10
SECRETARY OF STATE
TALLAHASSEE, FL

R. W. W. W.
JAN 10 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Polk Healthcare, L.P. (Ltd.).

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

William R. Bassett

Contact Person

Attorney at Law

Firm/Company

6075 Barfield Road

Address

Atlanta, GA 30328

City, State and Zip Code

Continue to use email address on previous annual reports

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William R. Bassett at (404) 255-4046

Name of Contact Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$52.50 Filing Fee ☒ \$61.25 Filing Fee and Certificate of Status ☐ \$105.00 Filing Fee and Certified Copy ☐ \$113.75 Filing Fee, 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

FILED

2019 JAN 10 PM 5:10

SECRETARY OF STATE
TALLAHASSEE, FL

AMENDMENT TO CERTIFICATE OF AUTHORITY
FOR
FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:

Polk Healthcare, L.P. (Ltd.)

2. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership: A25291

3. The jurisdiction of its formation is: Georgia

4. The date the entity was authorized to transact business in Florida is: 8/8/1987

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:

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.

5. If the amendment changes the general partner(s), list the name and business address of each general partner:

Name:

Business Address:

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

The limited partnership will continue its existence until dissolved as provided in

O.C.G.A. Sec. 14-9-801

8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

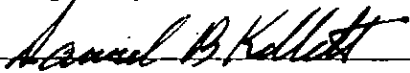
- ☐ The entity elects to be a limited liability limited partnership.
- ☐ The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days olds, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

10. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature of a general partner:



Typed or printed name:

SBK of Georgia, L.L.C. by Samuel B. Kellett, Member #A

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFIED COPY

I, **Robyn A. Crittenden**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that the attached documents are true and correct copies of documents filed with the Corporations Division of the Office of the Secretary of State of Georgia under the name of

BELLEAIR EAST MEDICAL INVESTORS, LTD. (L.P.)

a Domestic Limited Partnership

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence of the existence or nonexistence of the facts stated herein.

Docket Number : 16343405
Date Inc/Auth/Filed: 09/06/1988
Jurisdiction : Georgia
Print Date : 01/07/2019
Form Number : 215



Robyn A. Crittenden
Secretary of State

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF RESTATED ARTICLES

I, **Robyn A. Crittenden**, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

BELLEAIR EAST MEDICAL INVESTORS, LTD. (L.P.)

a Domestic Limited Partnership

has amended and filed duly restated articles on 12/13/2018 in the Office of the Secretary of State and has paid the required fees as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said restated articles.

WITNESS my hand and official seal in the City of Atlanta
and the State of Georgia on **12/27/2018**.



A handwritten signature in black ink, reading 'Robyn A. Crittenden'.

Robyn A. Crittenden
Secretary of State

**CERTIFICATE OF AMENDMENT OF
CERTIFICATE OF LIMITED PARTNERSHIP OF
BELLEAIR EAST MEDICAL INVESTORS, LTD. (L.P.)**

The undersigned, desiring to file a certificate of amendment of the certificate of limited partnership of Belleair East Medical Investors, Ltd. (L.P.) in compliance with Chapter 9 of Title 14 of the Official Code of Georgia Annotated, states as follows:

1. The name of the limited partnership is "Belleair East Medical Investors, Ltd. (L.P.)"
2. The certificate of limited partnership of the limited partnership was filed on September 6, 1988, and amended on October 21, 1999. The Secretary of State Control Number is J817170.
3. Paragraph IV. of the certificate of limited partnership is amended to read as follows:

IV.

The limited partnership will continue its existence until dissolved as provided in O.C.G.A. §14-9-801, or its successor.

IN WITNESS WHEREOF, the undersigned general partner has executed this certificate of amendment as of the 11th day of December, 2018.

GENERAL PARTNER:

SBK, L.L.C., a Georgia limited liability
company

By: _____

Samuel B. Kellett., its sole member



Secretary of State

**OFFICE OF SECRETARY OF STATE
CORPORATIONS DIVISION**

2 Martin Luther King Jr. Dr. SE
Suite 313 West Tower
Atlanta, Georgia 30334
(404) 656-2817
sos.ga.gov

Electronically Filed

Secretary of State

Filing Date: 12/13/2018 11:47:21 AM

**TRANSMITTAL INFORMATION FORM
RESTATEMENT**

1. **BELLEAIR EAST MEDICAL INVESTORS, LTD. (L.P.)**

Entity Name

J817170

Entity Control No.

2. **William R Bassett**

Name of Person Filing Restatement

6075 Barfield Road

Address

Sandy Springs

City

GA

State

30328

Zip Code

3. Submitted with this filing is a filing fee of \$20.00 payable to "Secretary of State". Filing fees are non-refundable.

I understand that this Transmittal Information Form is included as part of my filing, and the information on this form will be entered in the Secretary of State business entity database. I certify that the above information is true and correct to the best of my knowledge.

William R Bassett

Signature of Authorized Person