A95000000021

01-04-95 16:17 [illegible] ATLAS / PEARLMAN 001

ENTER SELECTION AND <CR>:
[#1] ¤ COMPUSERV MENU ¤ 0:09:41¤ 12:31p¤ Capture Off

1/03/95 FLORIDA DIVISION OF CORPORATIONS 12:14 AM
PUBLIC ACCESS SYSTEM
(((H95000000025))) ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FROM: ATLAS, PEARLMAN, TROP & BORKSON, P.A
200 E LAS OLAS BLVD
NEW RIVER CENTER STE.1900
FT LAUDERDALE FL 33301-
CONTACT: BEVERLY F BRYAN
PHONE: (305) 463-3173
FAX: (305) 523-1952

(((H95000000025))) DOCUMENT TYPE: FLORIDA LIMITED PARTNERSHIP
NAME: FLORIDA INTERNATIONAL MEDICAL NETWORK, L.P.
FAX AUDIT NUMBER: H95000000025 CURRENT STATUS: REQUESTED
DATE REQUESTED: 01/03/1995 TIME REQUESTED: 12:14:28
CERTIFIED COPIES: 1 CERTIFICATE OF STATUS: 0
NUMBER OF PAGES: 2 METHOD OF DELIVERY: FAX
ESTIMATED CHARGE: $962.50 ACCOUNT NUMBER: 076247002423

Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document.

(((H95000000025)))
** ENTER 'M' FOR MENU. **
ENTER SELECTION AND <CR>:
[#1] ¤ COMPUSERV MENU ¤ 0:09:41¤ 12:31p¤ Capture Off

TC
$125,000 A95-21

95 JAN -4 PM 4:25

RECEIVED

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 3, 1995

ATLAS, PEARLMAN, ET AL.
BEVERLY F. BRYAN, 200 E LAS OLAS BLVD.
NEW RIVER CENTER, SUITE 1900
FT. LAUDERDALE, FL 33301

SUBJECT: FLORIDA INTERNATIONAL MEDICAL NETWORK, L.P.
REF. W95000000070

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections.

You must add a limited partnership suffix to the name, such as LTD., LIMITED, or LIMITED PARTNERSHIP.

Every corporation, limited partnership, general partnership, or trust listed as a general partner of a limited partnership or a managing member or manager of a limited liability company must have an active registration/filing on file with this office before this filing will be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

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 (904) 487-6918.

Nanette Causseaux
Corporate Specialist Supervisor

FAX Aud. #: H95000000025
Letter Number: 395A00000103

H95000000025

CERTIFICATE OF LIMITED PARTNERSHIP
OF

1. Florida International Medical Network, Ltd.
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 4491 South State Road 7, Ft. Lauderdale, FL 33314
(Business address of Limited Partnership)

3. Roxanne K. Beilly, Esq.
(Name of Registered Agent for Service of Process)

4. 200 East Las Olas Blvd., Suite 1900, Ft. Lauderdale, FL 33301
(Florida street address for Registered Agent)

5. [signature]
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)

6. 4491 South State Road 7, Ft. Lauderdale, FL 33314
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is December 14, 2044.

8. Name of general partner(s): Specific address:

Hollywood Medical Corporation 4491 So. State Road 7
Ft. Lauderdale, FL 33314

P95-928

Signed this 21 day of December, 1994.

Signature of general partner:

Hollywood Medical Corporation,
as General Partner

By: [signature]
ULLRICH KLAMM, Ph.D.
President of General Partner

STATE OF FLORIDA)
) SS:
COUNTY OF BROWARD)

The foregoing instrument was acknowledged before me this 21 day of December, 1994 by Ullrich Klamm, Ph.D. as President of Hollywood Medical Corporation, a Florida corporation, as General Partner, on behalf of Florida International Medical Network, Ltd. He is personally known to me or has produced Personally Known as identification and did/did not take an oath.

ROXANNE K. BEILLY, ESQ.,
FLORIDA BAR NO.: 851450
ATLAS, PEARLMAN, TROP & BORKSON, P.A.
200 EAST LAS OLAS BOULEVARD, SUITE 1900
FORT LAUDERDALE, FLORIDA 33301
PHONE NO.: (305) 763-1200

Notary Public:
Sign: [signature]
Print: Tracy Jean Warner
State of Florida at Large

TRACEY JEAN WARNER
MY COMMISSION # CC 154385
EXPIRES: October 22, 1995
Bonded Thru Notary Public Underwriters

H95000000025

H95000000025

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned constituting all of the general partners of Florida International Medical Network, Ltd., a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is $ -0-.

The total amount anticipated to be contributed by the limited partners at this time totals $125,000.

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

HOLLYWOOD MEDICAL CORPORATION
as General Partner

Ullrich Klamm

This 21 day of December, 1994.

STATE OF FLORIDA)
) SS:
COUNTY OF BROWARD)

The foregoing instrument was acknowledged before me this 21 day of December 1994 by Ullrich Klamm as President of Hollywood Medical Corporation, a Florida corporation, as General Partner, on behalf of Florida International Medical Network, Ltd. He is personally known to me or has produced personally Known as identification and did/did not take an oath.

Notary Public:

By: Tracy Jean Warner

Print: Tracey Jean Warner
State of Florida at Large

TRACEY JEAN WARNER
MY COMMISSION # CC 164385
EXPIRES: October 22, 1995
Bonded Thru Notary Public Underwriters

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 NOV 20 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT # A95000000021

FLORIDA INTERNATIONAL MEDICAL NETWORK, LTD.

DO NOT WRITE IN THIS SPACE

Mailing Address	Principal Office Address
4491 SOUTH STATE ROAD 7 FT. LAUDERDALE FL 33314	4491 SOUTH STATE ROAD 7 FT. LAUDERDALE FL 33314

96-AR

CM

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

2. New Mailing Address, If Applicable
Suite, Apt. # etc. Suite 200
City, State & Zip

2a. New Principal Office Address, If Applicable
Suite, Apt. # etc.
City, State & Zip

3. Date Formed or Registered to Do Business in FLORIDA	3a. Date of Last Report	4. State or Country of Formation
01/04/1995		FL

5a. Capital Contributions as Shown on Partnership	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number
$125,000.00	None	65-0562339

Applied For ☐ Not Applicable ☐

7. CERTIFICATE OF STATUS REQUIRED
Add $6.25 Additional Fee required for a Certificate of Status

8. FEES: 1) Filing Fee Computed at a rate of $7 per $1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of $52.50 and a maximum of $437.50
2) Supplemental Fee $138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
BEILLY, ROXANNE K 200 EAST LAS OLAS BLVD. SUITE 1900 FT. LAUDERDALE FL 33301	Name: Roisvert, III, Louis W. Street Address (P.O. Box Number is Not Acceptable): 4491 South State Road 7 Suite, Apt. # etc.: Suite 200 City: Ft. Lauderdale, FL, Zip Code: 33314

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 _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do Not Use P.O. Box Number)	11b. City, State & Zip Code	11c. Registration/ Document Number
HOLLYWOOD MEDICAL CORPORATIO	4491 S. STATE ROAD 7	FT. LAUDERDALE FL 333	P95000000928

400001655854
-12/07/95--01012--023
****191.25 ****191.25

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 report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 effect 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 10.29.95

Typed or Printed Name of General Partner Signing Form _____ Telephone Number _____

CR2E003 (6/95)

0011779