

01-04-95 10:07

ATLAS - FLEMMAN

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1/03/95

FLORIDA DIVISION OF CORPORATIONS

12:14 AM

PUBLIC ACCESS SYSTEM

((H950000000025))

ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS

FROM: ATLAS, FLEMMAN, TROP & HARRISON, P.A.

DEPARTMENT OF STATE

200 E. LAS OLAS BLVD

STATE OF FLORIDA

NEW RIVER CENTER STE. 1900

409 EAST GAINES STREET

FT LAUDERDALE FL 33301-

TALLAHASSEE, FL 32399

CONTACT: BEVERLY F BRYAN

FAX: (904) 922-4000

PHONE: (305) 463-3173

FAX: (305) 523-1952

((H950000000025))

DOCUMENT TYPE: FLORIDA LIMITED PARTNERSHIP

NAME: FLORIDA INTERNATIONAL MEDICAL NETWORK, L.P.

FAX AUDIT NUMBER: H950000000025

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

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JAN 4 1995
12:31
FLEMMAN

TC
\$125,000 A95-21

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01-33-95 02 10PM

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ATLAS - PEARLMAN
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PC02/302

0002



FLORIDA DEPARTMENT OF STATE
Sandra H. Northam
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. W00000000070

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 1200, Ft. Lauderdale, FL 33301
(Florida street address for Registered Agent)
5. *Roxanne K. Beilly*
(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): Hollywood Medical Corporation Specific address: 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 PartnerBy: *Ullrich Klamm*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 & WORSKON, P.A.
200 EAST LAS OLAS BOULEVARD, SUITE 1900
FORT LAUDERDALE, FLORIDA 33301
PHONE NO.: (305) 763-1200

H95000000025

Notary Public:

Sign: *Tracey Jean Warner*Print: Tracey Jean Warner

State of Florida at Large



H95000000025

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

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

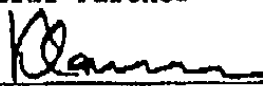
The amount of capital contributions to date of the limited partners is \$ -0-.

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

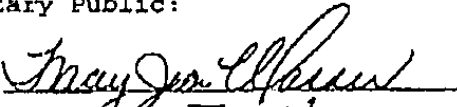

Ullrich Klamm

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.

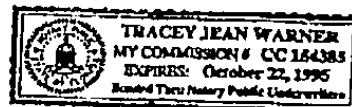
Notary Public:

By: 

Print: Tracey Jean Warner

State of Florida at Large

H95000000025



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
TAMPA
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 NOV 28 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(DO NOT WRITE IN THIS SPACE)

1. Name of Limited Partnership
DOCUMENT #
A95000000021

FLORIDA INTERNATIONAL MEDICAL NETWORK, LTD.

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

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

96-AR

CM

If above addresses are incorrect in any way, file through this form correct information and enter correct address in Block 2 and/or 2a.

3. Date Formed or Registered to Do Business in
FLORIDA
01/04/1995

3a. Date of Last Report

4. State or County of Formation
FL

5a. Capital Contributions as Shown
on the Form
\$125,000.00

5b. Amount of Capital Contributions in
FLORIDA in date
None

6. Filing Number
65-0582339

Applied Fee
Not Applicable

7. CERTIFICATE OF STATUS REQUIRED
\$8.75 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

BEILLY, ROXANNE K
200 EAST LAS OLAS BLVD.
SUITE 1900
FT. LAUDERDALE FL 33301

10. If changed, new Registered Agent/Office

Boisvert, III, Louis W.
Street Address (P.O. Box Number is Not Acceptable)
4491 South State Road 7
Suite 200
City
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. Registered
Document Number

HOLLYWOOD MEDICAL CORPORATION

4491 S. STATE ROAD 7

FT. LAUDERDALE FL 333

P95000000928

400001655654
-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 filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(3)(g), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.02(3)(g) 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 in person. 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 129, Florida Statutes.

SIGNATURE

DATE 10-29-95

Typed or Printed Name of General Partner Signing Form

Telephone Number

CR2E003 (8/95)