

A950000000 44

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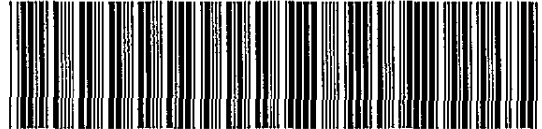
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03/18/05-01008-013 **52.50

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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARTIN MEMORIAL SURGERY CENTER, LTD.
(Name of Limited Partnership)

DOCUMENT NUMBER: A95000000044

The enclosed Certificate of Cancellation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LINDA HAKE, LEGAL SERVICES
(Name of Person)

MARTIN MEMORIAL HEALTH SYSTEMS, INC.
(Firm/Company)

P. O. BOX 9010
(Address)

STUART, FL 34995
(City/State and Zip Code)

For further information concerning this matter, please call:

LINDA HAKE at (772) 223-5945, EXT. 3464
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

~~\$52.50~~ Filing Fee \$61.25 Filing Fee & \$105.00 Filing Fee & \$113.75 Filing Fee,
Certificate of Status Certified Copy Certificate of Status &
(additional copy is enclosed) Certified Copy
(additional copy is enclosed)

STREET ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Division of Corporations
409 E. Gaines Street P.O. Box 6327
Tallahassee, Florida 32399 Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

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47

Martin Memorial Health System

Governmental Submission Cover Sheet

Government Agency

Federal

State

☐ Internal Revenue Service

☐ Department of Revenue

☐ HCFA

☐ AHCA

☐ Other _____

☒ Other Department of State

Entity

Type of Return

☐ MMHS

☐ Income Tax

☐ MMMC

☐ Property Tax

☐ MFMI

☐ Intangible Tax

☐ MMF

☐ Sales Tax

☐ MMPC

☐ Payroll Tax

☐ MM PHO

☒ Other Cancellation of Limited Partnership

☐ CCC

☐ MM IPA

☐ WCMC

Due Date of Return _____

☐ CSC Ltd.

☒ MMSC, Ltd.

Statement of Accountability

I have prepared or reviewed the enclosed Governmental Report to the best of my ability, and believe the information contained within is accurate and in compliance with applicable Federal and State Laws and regulations.

Signature

Prepared _____

Date 2-27-05

Reviewed _____

Date _____

Reviewed _____

Date _____

Reviewed _____

Date _____

2005 MAR 18 P 3 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**CERTIFICATE OF CANCELLATION
FOR**

MARTIN MEMORIAL SURGERY CENTER, LTD.

(Insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.113, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Department of State on **JANUARY 9, 1995**, hereby submits this Certificate of Cancellation.

FIRST: Reason for cancellation: (State why partnership is submitting cancellation)

THERE ARE NO LIMITED PARTNERS

SECOND: This Certificate of Cancellation shall be effective at the time of its filing with the Florida Department of State.

THIRD: Signatures of all general partners:

COASTAL CARE CORPORATION
a Florida not for profit Corporation


By: Richmond M. Harman

Its: President/CEO

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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State of Florida



Department of State

I certify from the records of this office that MARTIN MEMORIAL SURGERY CENTER, LTD. is a limited partnership organized under the laws of the State of Florida, filed on January 9, 1995.

The document number of this limited partnership is A95000000044.

I further certify that said limited partnership has paid all fees due this office through December 31, 1995, and its status is active.

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
Twenty-fifth day of July, 1995



CR2E022 (1-95)

Sandra B. Northam

Sandra B. Northam
Secretary of State

CERTIFICATE OF LIMITED PARTNERSHIP
OF
MARTIN MEMORIAL SURGERY CENTER, LTD.,
a Florida limited partnership

95 JUN -9
MILLER
SECRETARY OF STATE
FILED

The undersigned general partner desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act as set forth in Part I, Chapter 620 of the Florida Statutes, hereby states the following:

1. The name of the partnership is Martin Memorial Surgery Center, Ltd. (the "Partnership").

2. The address of the office of the Partnership is 509 Riverside Drive, Stuart, Florida 34994.

3. The name and address of the agent for service of process on the Partnership is Corporation Information Services, Inc., 1201 Hays Street, Tallahassee, Florida 32301.

4. The name and business address of the sole general partner is Coastal Care Corporation, 509 Riverside Drive, Stuart, Florida 34994.

5. The mailing address of the Partnership is 509 Riverside Drive, Stuart, Florida 34994.

6. The latest date upon which the Partnership will dissolve is January 1, 2045.

7. A conveyance or encumbrance of real property held in the Partnership name, and any other instrument affecting title to real property in which the Partnership has an interest shall be executed in the Partnership name by the general partner.

The execution of this certificate by the undersigned general partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the sole general partner of Martin Memorial Surgery Center, Ltd., this 3rd day of January, 1995.

General Partner

COASTAL CARE CORPORATION,
a Florida not-for-profit
corporation

By: RMH
Richmond M. Harman,
President

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF FLORIDA)
)
COUNTY OF MARTIN) SS:

Before me, the undersigned authority, personally appearing
RICHMOND M. HARMAN ("Affiant"), who after being duly sworn, deposes
and says as follows:

1. Affiant is the President of Coastal Care Corporation, a Florida not-for-profit corporation, constituting the sole general partner of Martin Memorial Surgery Center, Ltd., a limited partnership (the "Partnership").

2. Affiant hereby certifies that the total initial amount of capital contributions and anticipated capital contributions by all of the limited partners of the Partnership is Two Million Two Hundred Eighty Thousand Dollars (\$2,280,000.00).

3. Affiant states that the above statements are true to Affiant's knowledge, information, and belief.

FURTHER, AFFIANT SAYETH NOT.

R M Harman
RICHMOND M. HARMAN

The foregoing was acknowledged before me this 3rd day of January, 1995, by RICHMOND M. HARMAN, President of Coastal Care Corporation, a Florida not-for-profit corporation, on behalf of the corporation as sole general partner of Martin Memorial Surgery Center, Ltd. He is personally known to me or has produced as identification.

Dolores Fennell
Notary Public, State of Florida
at Large
Print Name: DOLORES FENNEL
Rank or Title: _____
Serial No.: _____
My Commission Expires: _____



DOLORES FENNEL
My Comm Exp. 1/09/98
Bonded By Service Ins
No. CC334186
Permanently Known 11 Other 1, 2

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT
OF
MARTIN MEMORIAL SURGERY CENTER, LTD.

Having been named as registered agent for Martin Memorial Surgery Center, Ltd., a Florida limited partnership (the "Partnership"), in the foregoing Certificate of Limited Partnership, I, on behalf of the Partnership, hereby agree to accept service of process for said Partnership and to comply with any and all statutes relative to the complete and proper performance of the duties of registered agent.

Dated this 9th day of January, 1995.

REGISTERED AGENT:

CORPORATION INFORMATION
SERVICES, INC.

By: Laura E. Dunlap
Print Name: Laura E. Dunlap
Its: Agent

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SECRETARY OF CORPORATIONS
JAN - 9 AM 11:25