CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
TOLL FREE No. 800-342-8062
FAX (904) 222-8222

A95000008B

NAME _____
FIRM _____
ADDRESS _____
_____
_____
PHONE ( ) _____

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee $ _____ Our $ _____

C. TAX _____
FILING 175.00
R. AGENT FEE 35.00
C. COPY 52.50
TOTAL 1837.50
N. BANK _____
BALANCE DUE _____
REFUND _____

MM
1/13/95

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE			
TIME			CK No.
BY	AAK		

WALK-IN
Will Pick Up 1-13 11:00

11-2529-7 PONDER'S INC., THOMASVILLE, GA

_____ of _____

RE: Tampa Commercial

	C.C. FEE.	DISBURSED
___ Capital Express		
___ Art. of Inc. File		
___ Corp. Record Search		
___ Ltd. Partnership File	400001395714	
___ Foreign Corp. File	-01/25/95--01026--010	
___ ( ) Cert. Copy(s)	***1837.50	***1837.50
___ Art. of Amend. File		
___ Dissolution/Withdrawal		
___ C U S		
___ Fictitious Name File		
___ Name Reservation		
___ Annual Report/Reinstatement		
___ Reg. Agent Service		
___ Document Filing		
___ Corporate Kit		
___ Vehicle Search		
___ Driving Record		
___ Document Retrieval		
___ UCC 1 or 3 File		
___ UCC 11 Search		
___ UCC 11 Retrieval		
___ ___ File No.'s, ___ Copies		
___ Courier Service		
___ Shipping/Handling		
___ Phone ( )		
___ Top Priority		
___ Express Mail Prep.		
___ FAX ( ) pgs.		
___ ___		
SUBTOTALS ___		

FEE	$
DISBURSED	$
SURCHARGE	400001395714 -02/01/95--01087--018 ***1837.50 ***1837.50
TAX on corporate supplies	$
SUBTOTAL	$
PREPAID	$
BALANCE DUE	$
	$

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum

THANK YOU
from
Your Capital Connection

CERTIFICATE OF LIMITED PARTNERSHIP

THE UNDERSIGNED, hereby makes, acknowledges and files with the Secretary of State of Florida, this Certificate of Limited Partnership for the purpose of forming a limited partnership for profit in accordance with the laws of the State of Florida.

1. NAME OF PARTNERSHIP. The name of the partnership shall be TAMPA COMMERCIAL INVESTORS, LTD.

2. LOCATION OF PRINCIPAL PLACE OF BUSINESS. The principal place of business of the partnership shall be located at 400 E. South Street, Suite 500, Orlando, Florida 32801, or at such other place or places as the General Partner shall from time to time determine.

3. NAME AND ADDRESS OF THE AGENT FOR SERVICE OF PROCESS.

Robert A. Bourne
400 E. South St., Suite 500
Orlando, FL 32801

4. NAME AND BUSINESS ADDRESS OF THE GENERAL PARTNER.

James M. Seneff, Jr., General Partner
400 E. South St., Suite 500
Orlando, FL 32801

Robert A. Bourne, General Partner
400 E. South Street, Suite 500
Orlando, FL 32801

5. MAILING ADDRESS OF THE LIMITED PARTNERSHIP.

400 E. South St., Suite 500
Orlando, FL 32801

6. TERM. The partnership shall be dissolved on December 31, 2024 unless sooner dissolved and terminated prior to such date as provided in the Limited Partnership Agreement of the Partnership.

EXECUTED this 23rd day of November, 1994.

By: _____
James M. Seneff, Jr., General Partner

By _____

Robert A. Bourne, General Partner

STATE OF FLORIDA)
COUNTY OF ORANGE)

BEFORE ME, the undersigned authority, personally appeared James M. Seneff, Jr. and Robert A. Bourne, the General Partners of TAMPA COMMERCIAL INVESTORS, LTD., known to me to be the persons who executed the foregoing Certificate of Limited Partnership and who acknowledged before me that they executed the Certificate of Limited Partnership for the purposes stated therein. They are personally known to me and did not take an oath. In witness whereof, I have hereunto set my hand and seal this 23rd day of November, 1994.

MARY LOU LEGGETT

****Notary Seal****

MARY LOU LEGGETT
My Commission CC306669
Expires Aug. 08, 1997
Bonded by HAI
800-422-1555

AFFIDAVIT OF LIMITED PARTNERS' CONTRIBUTIONS

Pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act, Florida Statutes, Chapter 620.108, the undersigned, after first being duly sworn, deposes and says that the capital contributions of the Limited Partners of TAMPA COMMERCIAL INVESTORS, LTD. are anticipated to be $5,000,000.00. To date no capital contributions have been made.

FILED
CLERK OF CIRCUIT COURT
HILLSBOROUGH COUNTY
94 NOV 13 PM 1:32

SWORN AND SUBSCRIBED as of the 23rd day of November, 1994.

By:_____
James M. Seneff, Jr., General Partner

By:_____
Robert A. Bourne, General Partner

Sworn and subscribed to before me by James M. Seneff, Jr. and Robert A. Bourne, the General Partners of TAMPA COMMERCIAL INVESTORS, LTD. this 23rd day of November, 1994.
They are personally known to me and did not take an oath.

_____
MARY LOU LEGGETT

****Notary Seal****
NOTARY PUBLIC STATE OF FLORIDA
MARY LOU LEGGETT
My Commission CC306669
Expires Aug. 08, 1997
Bonded by HAI
800-422-1555

ACCEPTANCE OF REGISTERED AGENT

THE UNDERSIGNED, Robert A. Bourne, accepts his designation as Registered Agent for TAMPA COMMERCIAL INVESTORS, LTD. and the obligations imposed on him as Registered Agent pursuant to the Florida Revised Uniform Partnership Act, Florida Statutes, Chapter 620.

FILED
95 JAN 13 PM 1:32
SECRETARY OF STATE
DIVISION OF CORPORATIONS

EXECUTED this 23rd day of November, 1994.

Robert A. Bourne
Registered Agent

STATE OF FLORIDA)
COUNTY OF ORANGE)

BEFORE ME, the undersigned authority, personally appeared Robert A. Bourne, known to me to be the person who executed the foregoing Acceptance of Registered Agent. He is personally known to me and did not take an oath.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 23rd day of November 1994.

MARY LOU LEGGETT

****Notary Seal****

MARY LOU LEGGETT
My Commission CC306869
Expires Aug 08, 1997
Bonded by HAI
800-422-1555

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

A95000001080

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 11 PM 4:15

1. Name of Limited Partnership

1a. DOCUMENT # A95000001080

FMC Hospital, Ltd.

(Effective date of this report)

2. New Mailing Address, if Applicable

Suite, Apt. # etc.

City, State & Zip

2a. New Principal Office Address, if Applicable

Suite, Apt. # etc.

City, State & Zip

Mailing Address

P.O. Box 1200
Nashville, TN 37202-1200

Principal Office Address

5000 W. Oakland Park Blvd.
Fort Lauderdale, Fl 33313

If above addresses are not correct in any way, line through the incorrect information and enter correct address in Item 2 and/or 2a

3. Date Formed or Registered to Do Business in FLORIDA: 7/14/95

3a. Date of Last Report

4. State or Country of Formation: Florida

5a. Capital Contributions as Shown on Record: 5,000,000

5b. Amount of Capital Contributions in FLORIDA to date

6. FEI Number

Applied For ✓

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

CT Corporation System
1200 South Pine Island Rd.
Plantation, Fl 33324

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. # etc.

City: FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.102, 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 Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
~~FMC Center, Inc.~~ ~~Medical~~ FMC Center, Inc.	3401 West End Ave. Ste. 700 Ann 437.50 Stat 138.75 576.25	Nashville, TN 37203 BJC 12/11/95	~~P95000053796~~ F93000003010 400001662124 -12/15/95--01010--013 ****576.25 ****576.25

CR2E003 (6/95)

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 absolutely true and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I hereby 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 James H. Spalding, Vice President DATE 12/5/95

Typed or Printed Name of General Partner Signing Form: James H. Spalding For FMC Medical, Inc. Telephone Number: 800-827-8599

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
96 APR -2 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

1a. DOCUMENT #
A95000000080

TAMPA COMMERCIAL INVESTORS, LTD.

Mailing Address
400 EAST SOUTH STREET, SUITE 500
ORLANDO FL 32801

Principal Office Address
400 EAST SOUTH STREET, SUITE 500
ORLANDO FL 32801

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.
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 01/13/1995

3a. Date of Last Report

4. State or Country of Formation FL

5a. Capital Contributions as Shown on Record
$5,000,000.00

5b. Amount of Capital Contributions in FLORIDA to date
$5,000,000.00

6. FEI Number
59-3290433

7. CERTIFICATE OF STATUS REQUIRED
Applied For
Not Applicable
$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

BOURNE, ROBERT A
400 EAST SOUTH STREET, SUITE 500
ORLANDO FL 32801

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City FL 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

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 Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration Document Number
SENEFF, JAMES M JR.	400 EAST SOUTH STREET	ORLANDO FL 32801	
BOURNE, ROBERT A	400 EAST SOUTH STREET	ORLANDO FL 32801	

KWM

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 ... Florida Statutes ... 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; 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 [signature] DATE 10/01/95

ROBERT A. BOURNE
Typed or Printed Name of General Partner Signing Form

Telephone Number 407 422-1575 ext 228

CR2E003 (6/95)

0001142