A95000000234

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
904-222-0191 FAX

95 FEB 16 P 4:17

CSC networks

MAIL TO:
P.O. BOX 5828
TALLAHASSEE, FL 32314

ACCOUNT NO. : 072100000032

REFERENCE : 544646 6401A

AUTHORIZATION :

COST LIMIT : $ 140.00 Patricia Pizzo

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ORDER DATE : February 16, 1995

ORDER TIME : 3:37 PM

ORDER NO. : 544646 100001408731

CUSTOMER NO: 6401A

CUSTOMER: Joshua Bennett, Esq
SCHANTZ SCHATZMAN
& AARONSON, P.A.
3650 S. E. Financial Center
200 South Biscayne Boulevard
Miami, FL 33131-2394

CM

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 17 AM 10:26

DOMESTIC FILING

NAME: THE MED-SURGE FAMILY LIMITED PARTNERSHIP

____ ARTICLES OF INCORPORATION
X____ CERTIFICATE OF LIMITED PARTNERSHIP

A95-234

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_X_____ CERTIFIED COPY
_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Gail L. Shelby

EXAMINER'S INITIALS: _____

CERTIFICATE OF LIMITED PARTNERSHIP

OF

THE MED-SURGE FAMILY LIMITED PARTNERSHIP

1. THE MED-SURGE FAMILY LIMITED PARTNERSHIP
(Name of Limited Partnership; must contain a suffix such as "Limited," "Ltd.," or "Limited Partnership")

2. c/o Med-Surge Discounters, Inc., 2920 Boca Raton Boulevard, Suites 1 and 2, Boca Raton, Florida 33431
(The Business Address of Limited Partnership)

3. Corporation Information Services, Inc.
(Name of Registered Agent for Service of Process)

4. 1201 Hays Street, Tallahassee, Florida 32301
(Florida Street Address for Registered Agent)

5. Eric Shelby Gail Shelby, as agent for above
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)

6. c/o Med-Surge Discounters, Inc., 2920 Boca Raton Boulevard, Suites 1 and 2, Boca Raton, Florida 33431
(The Mailing Address of Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: December 31, 2023

8. Name of General Partner — Specific Address

Med-Surge Discounters, Inc. V49732 — 2920 Boca Raton Boulevard, Suites 1 and 2, Boca Raton, FL 33431

SIGNED this 11 day of Febuary, 1995.

[ General Partner: ]

MED-SURGE DISCOUNTERS, INC.

By: JODI SPORN, President

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 17 AM 10: 26

## AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF FLORIDA )
COUNTY OF PALM BEACH ) ;SS.:

**BEFORE ME**, the undersigned, **MED-SURGE DISCOUNTERS, INC.**, constituting the sole General Partner of **THE MED-SURGE FAMILY LIMITED PARTNERSHIP**, a Florida limited partnership, certifies as follows:

1. The amount of capital contributions to date of the Limited Partners is $2,000.00.
2. The total amount contributed and anticipated to be contributed by the Limited Partners at this time totals $2,000.00.

**UNDER PENALTIES OF PERJURY** I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

[ FURTHER AFFIANT SAYETH NOT ]

[ General Partner: ]

MED-SURGE DISCOUNTERS, INC.

By: _____
JODI SPORN, President

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 17 AM 10: 25

**THE FOREGOING AFFIDAVIT** was sworn to and acknowledged before me this ____ day of February, 1995, by **JODI SPORN**, as President of **MED-SURGE DISCOUNTERS, INC.**, the General Partner of The Med-Surge Family Limited Partnership, who is personally known to me or ~~who provided me with _____ as identification~~, and who ~~did~~/did not take an oath.

_____
Jean Faraone, NOTARY PUBLIC,
State of Florida at Large

My Commission Expires:

JEAN D. FARAONE
MY COMMISSION # CC 245581 EXPIRES
December 10, 1996
BONDED THRU TROY FAIN INSURANCE, INC.

JNB/Misc/ab/1201
[29899.01]
[3rp/0209]

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1996

FILED
1995 OCT 19 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1a. DOCUMENT # A95000000234

1. THE MED-SURGE FAMILY LIMITED PARTNERSHIP

Mailing Address
% MED-SURGE DISCOUNTERS INC.
2920 BOCA RATON BLVD., SUITES 1 & 2
BOCA RATON FL 33431

Principal Office Address
% MED-SURGE DISCOUNTERS INC.
2920 BOCA RATON BLVD., SUITES 1 & 2
BOCA RATON FL 33431

2. New Mailing Address (if Applicable)

City, State & Zip

2a. New Principal Office Address (if Applicable)

Suite, Apt. # etc.

City, State & Zip

3. Date Entered or Registered in the Business in FLORIDA: 02/17/1995

3a. Date of Last Report

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on Record: $2,000.00

5b. Amount of Capital Contributions in FLORIDA to date: -0-

6. FEI Number: 65-0563553

X 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
CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

10. If changed, new Registered Agent/Office
Name: MED-SURGE DISCOUNTERS, INC.
Street Address (P.O. Box Number is Not Acceptable): 2920 BOCA RATON BLVD SUITE 1
Suite, Apt. # etc.
City: BOCA RATON FL Zip Code: 33431

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 |
|---|---|---|---|
| MED-SURGE DISCOUNTERS, INC. | 2920 BOCA RATON BLVD. | BOCA RATON FL 33431 | V49732 |

AR - $52.50
SF - $138.75
8.75
Cwo -
10/25/95

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I certify that the information supplied with this report complies with Section 607.193(2), Florida Statutes. Pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree punishable as provided in s. 775.083 or s. 775.084. I certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or a member or partner of the limited partnership or limited liability company or another person authorized to sign this report on behalf of a corporation, partnership or other entity.

MED-SURGE DISCOUNTERS INC.
GENERAL PARTNER

SIGNATURE

Typed or Printed Name of Person Signing Form: PRESIDENT, SOOZI SPORN

DATE X 9/21/95

Telephone Number: 407-367-7800

CR2E003 (6/95)

0007054

A95000000234

CSC THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 275476 10910A

AUTHORIZATION :

COST LIMIT : $ PPD

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ORDER DATE : February 27, 1997

ORDER TIME : 11:05 AM

ORDER NO. : 275476-005

CUSTOMER NO: 10910A

CUSTOMER: Ms. Judy Rauchut
Mandel Simowitz Weisman &
Suite 300
2101 Corporate Boulevard Nw
Boca Raton, FL 33431

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 FEB 27 PM 2:21

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ANNUAL REPORT FILING

NAME: THE MED-SURGE FAMILY
LIMITED PARTNERSHIP

RECEIVED
96 FEB 27 PM 1:06

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

A95-234

CONTACT PERSON: W. Charles Earnest

EXAMINER'S INITIALS: _____

Name Availability
Document Examiner
Updater
Updater Verifyer
Acknowledgement
W. P. Verifyer

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 FEB 27 PM 2:21

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997

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

1. Name of Limited Partnership: The Med-Surge Family Limited Partnership

1a. DOCUMENT # A95000000234

Mailing Address: 2901 Clint Moore Rd. Suite 131 Boca Raton, FL 33496

Principal Office Address: 2901 Clint Moore Rd. Suite 131 Boca Raton, FL 33496

3. Date Formed or Registered: 2/17/95

3a. Date of Last Report: 10/19/95

3b. Capital Contributions as Shown on Record: 2,000.00

4. State or Country of Formation: Florida

5b. Amount of Capital Contributions in FLORIDA to date: 2,000.00

2. Mailing Address: 2901 Clint Moore Rd. Suite 131 Boca Raton, FL 33496 Country USA

2a. Principal Office Address: 2901 Clint Moore Rd. Suite 131 Boca Raton, FL 33496 Country USA

6. FEI Number: 65-0563553 ☐ Applied For ☐ Not Applicable

7. Certificate of Status Desired ☐ $8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent:
Med-Surge Discounters, Inc.
2901 Clint Moore Road, #131
Boca Raton, FL 33496

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box No. Allowed If Not Accessible): 2901 Clint Moore Road
Suite, Apt. # or Bldg.: Suite 131
City: Boca Raton FL Zip Code: 33496

10a. Pursuant to the provisions of sections 620.1021 and 620.108, 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 620.108, Florida Statutes.

200002101342--8

SIGNATURE (Registered Agent Accepting Appointment)

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

| 11. Name(s) of General Partner(s) | 11a. Address of Each General Partner (Do NOT Use Post Office Box Number) | 11b. City, State & Zip Code | 11c. Registration/Document Number |
|---|---|---|---|
| Med-Surge Discounters, Inc. | 2901 Clint Moore Road, Suite 131 | Boca Raton, FL 33496 | V49732 |

200002101342--8
-02/28/97--01083--016
****191.25 ****191.25
200002101342--8
-02/28/97--01083--017
******8.75 ******8.75

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 indicated on this form and any attachments furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I realize 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, Manager or Trustee authorized to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Jodi Spokn DATE 2/26/96

A95000000234

LAW OFFICES
MANDEL, SIMOWITZ, WEISMAN, KIRSCHNER & DIAZ, P.A.

DAVID H. BRODIE
ROY A. DIAZ
ROSS FIRULLI
MARTIN H. FRIEND
MITCHELL H. KIRSCHNER*
DANIEL S. MANDEL
MARJORIE S. MARGOLIES
*SCOTT E. SIMOWITZ
WILLIAM S. WEISMAN
IRA L. YOUNG

*Fla. Bar Certified in Real Estate Law

BOCA CORPORATE CENTER
2101 CORPORATE BOULEVARD, SUITE 300
BOCA RATON, FL 33431
TELEPHONE (561) 989-0300
FAX (561) 989-0304

SOUTH FLORIDA TOLL FREE
1-800-418-2249

March 6, 1997

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**RE: Med-Surge Family Limited Partnership Name Change To:
The Cody Family Limited Partnership**

Dear Sir/Madame:

Please find enclosed relative to the above-referenced corporation, an original Certificate of Limited Partnership, to be filed with the Secretary of State.

Also enclosed please find this firm's check in the amount of $52.50 representing the filing fee for the Certificate. We have also enclosed an additional photocopy of the Certificate and would request that you please send a conformed copy to the undersigned in the self-addressed, stamped envelope.

FILED
MAR 10 20

Thank you for your attention to this matter. Should you have any questions, please feel free to contact me.

Very truly yours,

MANDEL, SIMOWITZ, WEISMAN, KIRSCHNER & DIAZ, P.A.

William S. Weisman
WSW/jr
Encs.

W97000005626

400002108514--3
-03/10/97--01096--002
*****52.50 *****52.50

| | |
|---|---|
| Name Availability | |
| Document Examiner | |
| [illegible] | |
| [illegible] | |
| [illegible]ment | |
| [illegible]yer | |

A95000000234

LAW OFFICES
MANDEL, SIMOWITZ, WEISMAN, KIRSCHNER & DIAZ, P.A.

BOCA CORPORATE CENTER
2101 CORPORATE BOULEVARD, SUITE 300
BOCA RATON, FL 33431
TELEPHONE (561) 989-0300
FAX (561) 989-0304

SOUTH FLORIDA TOLL FREE
1-800-410-2249

DAVID H. BROBI
ROY A. DIAZ
ROSS FORTUNE
MARTIN B. FRIEND
MITCHELL B. KIRSCHNER*
DANIEL S. MANDEL
MARJORIE S. MARGOLIES
SCOTT E. SIMOWITZ
WILLIAM S. WEISMAN
IRA L. YOUNG

*Fla. Bar Certified in Real Estate Law

March 14, 1997

Diane Cushing, Corporate Specialist
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Re: Med-Surge Family Limited Partnership**

Dear Ms. Cushing:

Enclosed please find an original Amendment to Certificate of Limited Partnership of Med-Surge Family Limited Partnership. Please note we have included the date of the original filing of the Certificate of limited partnership.

Should you have any questions or wish to discuss this matter further, please feel free to contact me.

Very truly yours,

MANDEL, SIMOWITZ, WEISMAN,
KIRSCHNER & DIAZ, P.A.

Mitchell B. Kirschner

MBK/dlp
Enclosure

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

March 11, 1997

WILLIAM S. WEISMAN
MANDEL SIMOWITZ WEISMAN KIRSCHNER & DIAZ
2101 CORPORATE BLVD., STE 300
BOCA RATON, FL 33431

SUBJECT: THE MED-SURGE FAMILY LIMITED PARTNERSHIP
Ref. Number: A95000000234

We have received your document for THE MED-SURGE FAMILY LIMITED PARTNERSHIP and your check(s) totaling $52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must include the date of filing of its original certificate of limited partnership. Our records reflect the original certificate was filed on February 17, 1995. Please amend your document accordingly.

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) 487-6913.

Diane Cushing
Corporate Specialist

Letter Number: 997A00012272

**AMENDMENT**
**TO**
**CERTIFICATE OF LIMITED PARTNERSHIP**
**OF**
**MED-SURGE FAMILY LIMITED PARTNERSHIP**

Pursuant to the provisions of Chapter 620 of the Florida Revised Uniform Limited Partnership Act, Med-Surge Family Limited Partnership (the Partnership) adopts the following Amendment to its previously filed Certificate of Limited Partnership, filed on February 17, 1995.

1. The name of the Partnership shall hereinafter be:

**THE CODY FAMILY LIMITED PARTNERSHIP**

2. Except as hereby amended, the Certificate of Limited Partnership is ratified, confirmed and shall remain the same.

3. This Amendment made to the this Certificate of Limited Partnership was duly adopted in conformance with the requirements of the Partnership on Feb 28, 1997 by written consent executed by all of the Partners.

DATED: Feb. 28 1997

THE CODY FAMILY LIMITED PARTNERSHIP
(f/k/a) The Med-Surge Family
Limited Partnership

BY: _____, its general partner

BY: _____ President