A950000000235

CAPITOL SERVICES d/b/a
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip) (Phone #)

OFFICE USE ONLY

-02/20/95--01019--017
****192.50 ****192.50

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Aventura Medical Plaza Associates, Ltd. (Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

FILED
95 FEB 17

- [x] Walk in
- [x] Pick up time 12:00 2/17/95
- [x] Certified Copy (2)
- [ ] Mail out
- [ ] Will wait
- [ ] Photocopy
- [ ] Certificate of Status

A950000000235

NEW FILINGS	
	Profit
	NonProfit 2/17/95
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

C. TAX 87.50

105.00

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
X	Limited Partnership
	Reinstatement
	Trademark
	Other

TC
210.00

Examiner's Initials

CR2E031(10/92)

CERTIFICATE OF LIMITED PARTNERSHIP OF

AVENTURA MEDICAL PLAZA ASSOCIATES, LTD.
a Florida limited partnership

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

1. The name of the Partnership is AVENTURA MEDICAL PLAZA ASSOCIATES, LTD.

2. The address of the office of the Partnership is 21110 Biscayne Boulevard, Suite 100, Aventura, FL 33180.

3. The name and address of the agent for service of process on the Partnership is DOUGLAS J. LOBEL, 21110 Biscayne Boulevard, Suite 100, Aventura, FL 33180.

FILED
95 FEB 17 AM 11:00

4. The name and business address of the General Partner is as follows:

AVENTURA MEDICAL PLAZA, INC.	21110 Biscayne Boulevard, Suite 100
P95000051625	Aventura, FL 33180

5. The mailing address of the Partnership is 21110 Biscayne Boulevard, Suite 100, Aventura, FL 33180.

6. The latest date upon which the Partnership shall dissolve is December 31, 2035.

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 General Partner of AVENTURA MEDICAL PLAZA ASSOCIATES, LTD. this 15 day of Feb., 1995.

GENERAL PARTNER:

AVENTURA MEDICAL PLAZA, INC.

By: _____
Douglas J. Lobel, President

FILED
95 FEB 17 AM 11:00

STATE OF FLORIDA)
)
COUNTY OF)

BEFORE ME, this 15 day of February, 1995, personally appeared DOUGLAS J. LOBEL, who is personally known to me [or who has produced _____ as identification], as PRESIDENT of AVENTURA MEDICAL PLAZA, INC., a Florida corporation, General Partner of AVENTURA MEDICAL PLAZA ASSOCIATES, LTD., a Florida limited partnership, who executed the foregoing Certificate of Limited Partnership, and acknowledged to me and before me that he/she executed this Certificate as said officer on behalf of the Corporation and did [not] take an oath.

Christine M Murdock
Notary Public - Signature

Christine M. Murdock
Notary Public - Name Printed
NOTARY PUBLIC - STATE OF FLORIDA
My Commission Expires:_____
My Commission No.:_____

NOTARY PUBLIC STATE OF FLORIDA
MY COMMISSION EXP. JULY 7,1995
BONDED THRU GENERAL INS. UND.

BEFORE ME, this 15 day of February, 1995, personally appeared DOUGLAS J. LOBEL as PRESIDENT of AVENTURA MEDICAL PLAZA, INC., a Florida corporation, as General Partner of AVENTURA MEDICAL PLAZA ASSOCIATES, LTD., a Florida limited partnership, personally known to me [or who has produced _____ as identification] to be the person who executed the foregoing Affidavit of Capital Contributions and who did [not] take an oath.

Christine M Murdock
Notary Public - Signature

Christine M. Murdock
Notary Public - Name Printed
NOTARY PUBLIC-STATE OF FLORIDA
My Commission Expires:_____
My Commission Number:_____

NOTARY PUBLIC STATE OF FLORIDA
MY COMMISSION EXP. JULY 7,1995
BONDED THRU GENERAL INS. UND.

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF FLORIDA)
)
COUNTY OF)

BEFORE ME, the undersigned personally appeared DOUGLAS J. LOBEL as PRESIDENT of AVENTURA MEDICAL PLAZA, INC., who is personally known to me [or who provided _____ as identification], constituting the General Partner of AVENTURA MEDICAL PLAZA ASSOCIATES, LTD., a Florida limited partnership, hereinafter referred to as the "Partnership," Aventura, Florida, who upon being duly sworn, certified as follows:

1. The aggregate amount of capital contributions to the Partnership made by the Limited Partners is $10.00.

2. The amount of the additional capital contributions anticipated to be contributed by each Limited Partner is unknown at this time. A Supplemental Affidavit reflecting such additional capital contributions will be filed when and if made.

FURTHER AFFIANT SAYETH NOT.

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

Dated: 2/15/95

GENERAL PARTNER:

AVENTURA MEDICAL PLAZA, INC.

By: _____
Douglas J. Lobel, President

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for AVENTURA MEDICAL PLAZA ASSOCIATES, 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.

REGISTERED AGENT:

Douglas J. Lobel

FILED
1995 FEB 17 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILE ON OR BEFORE APRIL 6, 1996 TO AVOID
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 22 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT # A95000000235

AVENTURA MEDICAL PLAZA ASSOCIATES, LTD.

DO NOT WRITE IN THIS SPACE

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
21110 BISCAYNE BOULEVARD, SUITE 100
AVENTURA FL 33180

Principal Office Address
21110 BISCAYNE BOULEVARD, SUITE 100
AVENTURA FL 33180

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

3. Date Formed or Registered to Do Business in FLORIDA	3a. Date of Last Report	4. State or Country of Formation
02/17/1995		FL

5a. Capital Contribution as Stated on Record	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number	Applied For / Not Applicable	7. CERTIFICATE OF STATUS REQUIRED
$628,750.00	$628,750.00	65-0553480		$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

4-22

9. Name and Address of Current Registered Agent

LOBEL, DOUGLAS J
21110 BISCAYNE BOULEVARD, SUITE 100
AVENTURA FL 33180

10. If changed, new Registered Agent/Office

Name

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

500001732522
-04/24/96--01051--003
****576.25 ****576.25

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 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 Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
AVENTURA MEDICAL PLAZA, INC.	21110 BISCAYNE BOULEV	AVENTURA FL 33180	P93000051625

CR2E003 (11/95)

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 voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability for non-compliance with Section 119.07(3)(k) 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 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 Vice President Amp Inc. DATE 3/22/96

Typed or Printed Name of General Partner Signing Form ROBERT P. LOWRY Telephone Number (305)682-1711

0000433

A95000000235

FILED
96 APR 22 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICE USE ONLY (Document #)

Aventura Medical Plaza Assoc. Ltd.
(Requestor's Name)
21110 Biscayne Blvd., Suite 100
(Address)
Aventura, Fl. 33180
(City, State, Zip) (Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Aventura Medical Plaza Associates, Ltd.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

000411792596
-04/24/96--01051--012
***1750.00 ***1750.00

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

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OTHER FILNGS	
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	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
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	Reinstatement
	Trademark
	Other

A95-235

Name Availability	4-22
Document Examiner	
Updater	
Updater Verifyer	
Acknowledgement	
W. P. Verifyer	

CR2E031(9/92)

Examiner's Initials	

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned general partners of Aventura Medical Plaza Associates, Ltd.

Florida Limited Partnership, executed this supplemental affidavit filed pursuant to section 620.112, Florida Statutes.

The total amount of the capital contributions of the limited partners is: $ 628,750.00.

This 5th day of April, 19 96.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and that the facts are true, to the best of my knowledge and belief.

General Partner(s)

Robert P. Lowry, Vice President--Aventura Medical Plaza, Inc.

FEES:
$7 per $1,000 based on the additional contributions
(Minimum $52.50 - Maximum $1,750.00)

FILED
96 APR 22 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DHSE20(3/95)