

CORPORATION
SERVICES, INC.
1201 HAYS ST
TALLAHASSEE, FL 32304
904-222-9171
904-222-0393 FAX

csc networks

MAIL TO:
P.O. BOX 5028
TALLAHASSEE, FL 32314

95 MAR - 6 PM 4:18
DIVISION OF CORPORATIONS

ACCOUNT NO. : 072100000032

REFERENCE : 553581 116222A

AUTHORIZATION :

COST LIMIT : \$ 52.50

Patricia Pyzdek

ORDER DATE : March 6, 1995

ORDER TIME : 9:36 AM

ORDER NO. : 553581

CUSTOMER NO: 116222A

000001421720

CUSTOMER: Laura Varney, Legal Asst
DUBOSAR & DAVIDSON, P.A.

Suite 300 East
2255 Glades Road
Boca Raton, FL 33431

DOMESTIC FILING

NAME: SOUTHPOINTE I MEDICAL EQUITY
INVESTORS, LTD.

FILING 52.70
R. AGENT 35.00
C. COPY
TOTAL 87.50
N. BANK
BALANCE DUE
REFUND

☐ ARTICLES OF INCORPORATION
☒ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jodie Krebs

EXAMINER'S INITIALS: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR - 6 PM 4:18

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR - 6 PM 4:18

A95000000311 File
27C

CERTIFICATE OF LIMITED PARTNERSHIP OF
SOUTHPOINTE I MEDICAL EQUITY INVESTORS, LTD.

The undersigned certifies as follows with respect to Southpointe I Medical Equity Investors, Ltd., a limited partnership to be formed under the laws of the State of Florida:

1. Name of Partnership. The name of the Partnership is Southpointe I Medical Equity Investors, Ltd.

2. Office; Agent. The address of the office of the Partnership is 1200 Corporate Center Way, Suite 100, Wellington, FL 33414. The name and address of the agent for service of process is Dasco Development Corporation, 1200 Corporate Center Way, Suite 100, Wellington, Florida 33414.

3. General Partner. The name of the sole General Partner is Southpointe I Medical Equity Corporation, a Florida corporation, 1200 Corporate Center Way, Suite 100, Wellington, FL 33414, and its business is acting as General Partner of the Partnership.
P45600012150

4. Mailing Address. The mailing address of the Partnership is 1200 Corporate Center Way, Suite 100, Wellington, FL 33414.

5. Termination. The latest date on which the Partnership is to dissolve is December 31, 2096.

SOUTHPOINTE I MEDICAL EQUITY CORPORATION
a Florida corporation

By: Donald A. Sands
Donald A. Sands, Vice President

FILED STATE
SECRETARY OF CORPORATIONS
55 MAR -6 PM 4:18

STATE OF FLORIDA)
) SS
COUNTY OF PALM BEACH)

Be it known that on the 15th day of March, 1995 before me, a duly authorized notary in and for the State and County aforesaid, personally came Donald A. Sands, Vice President of Southpointe I Medical Equity Corporation, a Florida corporation, to me known to be the person described in and who executed the foregoing certificate on behalf of said corporation. He is personally known to me and did not take an oath.

Francine Ducoat
Notary Public

My Commission Expires:

OFFICIAL NOTARY SEAL
FRANCINE DUCOAT
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC389172
MY COMMISSION EXP. AUG. 29, 1998

AFFIDAVIT

STATE OF FLORIDA)
) SS
COUNTY OF PALM BEACH)

FILED
STATE
CLERK
95 MAR -6 PM 1:18
CORPORATION'S

The undersigned, Donald A. Sands ("Affiant"), being first duly cautioned and sworn, deposes and says that:

1. Affiant is the Vice President of Southpointe I Medical Equity Corporation, a Florida corporation, which is the sole general partner of Southpointe I Medical Equity Investors, Ltd, a Florida limited partnership (the "Partnership"), a limited partnership formed under the laws of the State of Florida.

2. In connection with the formation of the Partnership, Affiant hereby declares that the capital contributions of the limited partners are anticipated to total \$1,000.

FURTHER AFFIANT SAYETH NAUGHT.

IN WITNESS WHEREOF, the undersigned, on behalf of the Partnership, has set his hand and seal this 1st day of March, 1995.

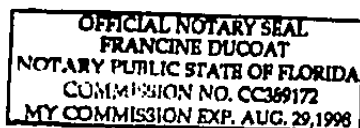
Donald A. Sands
Donald A. Sands, Vice President

STATE OF FLORIDA)
) SS
COUNTY OF PALM BEACH)

Subscribed, sworn to and acknowledged before me this 1st day of March, 1995 by Donald A. Sands, in his capacity as Vice President of Southpointe I Medical Equity Corporation, a Florida corporation. He is personally known to me and did not take an oath.

Francine Ducoat
Notary Public

My Commission Expires:



ACCEPTANCE OF REGISTERED AGENT

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED PARTNERSHIP AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF SECTION 607.0505 FLORIDA STATUTES AND WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

DASCO DEVELOPMENT CORPORATION, a
Florida corporation

By: *Donald A. Smith*

Its: Chief Executive Officer

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 HAR-6 PH 4:18

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, Florida
Secretary of State
DIVISION OF CORPORATIONS

1. Appointed Partner(s)

1a. DOCUMENT #
A95000000311

SOUTHPOINTE I MEDICAL EQUITY INVESTORS, LTD.

Mailing Address
1200 CORPORATE CENTER WAY, SUITE 100
WELLINGTON FL 33414

Principal Office Address
1200 CORPORATE CENTER WAY, SUITE 100
WELLINGTON FL 33414

2. New Mailing Address, if Applicable

State, Apt. # etc.

City, State & Zip

2a. New Principal Office Address, if Applicable

State, Apt. # etc.

City, State & Zip

If above addresses are as complete as any you know, enter the correct information and enter correct address in Block 2 and/or 2a.

3. Date Formed or Registered to Do Business in
FLORIDA 03/06/1995

3a. Date of Last Report

4. State or Country of Formation
FL

5a. Capital Contributions as Shown
on Record
\$1,000.00

5b. Amount of Capital Contributions in
FLORIDA to date

6. FID Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

Yes ☒ No ☐
See a Certificate of Status

8. FEES: 1) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5a or 5b 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 607.103, 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

DASCO DEVELOPMENT CORPORATION
1200 CORPORATE CENTER WAY, SUITE 100
WELLINGTON FL 33414

10. If changed, is a Registered Agent/Office

Name

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

State, Apt. # etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.105(1) and 620.102, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits the 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 620.102, 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)

SOUTHPOINTE I MEDICAL EQUITY

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

1200 CORPORATE CENTER

11b. City, State & Zip Code

WELLINGTON FL 33414

11c. Registration/
Document Number

P95000018150

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 is true, correct, and does not qualify for the exemption stated in section 607.103(1)(b), Florida Statutes. I release the Division of Corporations from any liability it may incur in connection with this filing. I further certify that the information indicated on this annual report is true and correct and that my signature is in my own hand and is not a signature of any other person or entity. I am a General Partner of this limited partnership, as defined in section 603.01, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Donald A. Sands, Pres

DATE

12-14-95

Telephone Number