

CORPORATION INFORMATION
SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32310
904-222-9171
904-222-0193 FAX

CSO networks

MAIL TO:
P.O. BOX 5820
TALLAHASSEE, FL 32314

A95000000312
350

95 MAR - 6 PM 4:23
DIVISION OF CORPORATIONS

ACCOUNT NO. : 072100000032

REFERENCE : 853581 -116222A

AUTHORIZATION :

Patricia Kyte

COST LIMIT : \$ ~~52.50~~

87.50

ORDER DATE : March 6, 1995

ORDER TIME : 9:52 AM

ORDER NO. : 553581

CUSTOMER NO: 116222A

100001421721

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

Suite 300 East
2255 Glades Road
Boca Raton, FL 33431

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
95 MAR - 6 PM 4:23

DOMESTIC FILING

NAME: SOUTHPOINTE I INVESTORS, LTD

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

ARTICLES OF INCORPORATION
☒ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: REFUND

CERTIFIED COPY
☒ PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jodie Krebs

EXAMINER'S INITIALS: _____

CERTIFICATE OF LIMITED PARTNERSHIP OF
SOUTHPOINTE I INVESTORS, LTD.

The undersigned certifies as follows with respect to Southpointe I 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 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 Investors, Ltd., a Florida limited partnership, 1200 Corporate Center Way, Suite 100, Wellington, FL 33414, and its business is acting as General Partner of the Partnership.

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 INVESTORS, a
Florida limited partnership, General
Partner

By: SOUTHPOINTE I MEDICAL EQUITY
CORPORATION, a Florida corporation,
General Partner

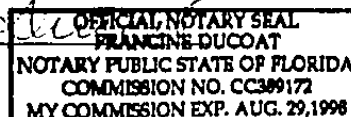
By: Donald A. Sands
Donald A. Sands, Vice President

STATE OF FLORIDA)
) SS
COUNTY OF PALM BEACH)

Be it known that on the 1st 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.

My Commission Expires:

Francine Ducoat
Notary Public



AFFIDAVIT

STATE OF FLORIDA)
) SS
COUNTY OF PALM BEACH)

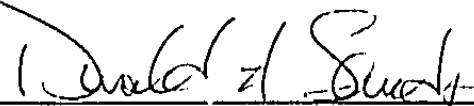
The undersigned, Donald A. Sands ("Affiant"), being first duly cautioned and sworn, deposes and says that:

1. Affiant is the Vice President of Southpointe I Medical Equity Corporation, a Florida corporation, the sole general partner of Southpointe I Medical Equity Investors, Ltd., a Florida limited partnership, that is the sole general partner of Southpointe I Investors, Ltd. (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.

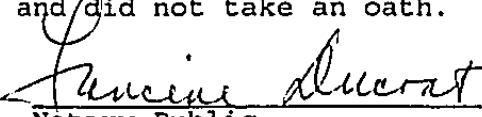
FURTHER AFFIANT SAYETH NAUGHT.

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

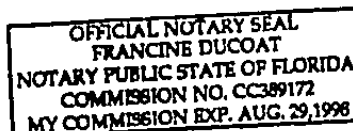

Donald A. Sands, Vice President

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, 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.


Notary Public

My Commission Expires:



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR - 6 PM 4:23

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: *[Signature]*
Its: Chief Executive Officer

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -6 PM 4: 23

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
Tallahassee, Florida
Secretary of State
1000 BANKERS BUILDING

FILED
95 DEC 27 10 51
TALLAHASSEE, FLORIDA

1. Name of Partnership
1a. DOCUMENT #
A95000000312

SOUTHPOINTE I INVESTORS, LTD.

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

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

If above address is incorrect in any way, file through this section information and indicate correct address in block 2 and/or 2a

3. Date Form is Registered to Department 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. FEE Number

Applied Fee
Not Applicable

7. CERTIFICATE OF STATUS REQUIRED
If Applicable

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 607.103, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN \$101.25 (\$52.50 + \$138.75) AND NO MORE THAN \$578.25 (\$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, new Registered Agent/Office
Name
(Street Address (P.O. Box Number is Not Acceptable))
Date: 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 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 sections 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
SOUTHPOINTE I MEDICAL EQUITY	1200 CORPORATE CENTER	WELLINGTON FL 33414 138.25 52.50 8.75 cus	A95000000311

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

12. I hereby certify that the information supplied on this form is voluntarily furnished and does not qualify for the exemption stated in law 1994-27, 100%, Florida Statutes. I release the Division of Corporations from any liability of such a compliance with the law. I further certify that the information applied is deemed exempt from public access. I further certify that the information indicated on this form is true and correct and that the partnership has the same legal effects as a Florida partnership. I further certify that I am a General Partner of the limited partnership, receiver or liquidator of the partnership, and I am not a partner in any other partnership.

SIGNATURE

Ronald A. Sands

By Southpointe I Medical Equity Investors, Ltd.
By Southpointe I Medical Equity Corp.
DATE 12-14-95

Typed or Printed Name of General Partner Signing Form

Ronald A. Sands, Pres

Telephone Number