A95000000315

MARKS, GRAY, CONROY & GIBBS
PROFESSIONAL ASSOCIATION
ATTORNEYS AT LAW

JAMES C. RINAMAN, JR.
H. FRANKLIN PERRITT, JR.
VICTOR M. HALRACH, JR.
GERALD W. WEEDON
WILLIAM L. THOMPSON, JR.
NICHOLAS V. PULIGNANO, JR.
WILLIAM M. CORLEY
JEPTHA P. BARBOUR
STEPHEN C. BULLOCK
KAREN C. HOFFMAN
LINDA C. INGHAM
SUSAN B. ERDELYI
ROBERT E. BROACH

ALAN K. RADAN
CHRISTOPHER D. GRAY
GARY S. STERE
DANIEL A. NICHOLAS
STEPHEN B. GALLAGHER
M. SCOTT THOMAS
GREGORY A. LAWRENCE
EDWARD K. COTTRELL

OF COUNSEL
RANDAL C. FAIRBANKS

RICHARD P. MARKS (1876-1948)
SAM R. MARKS (1885-1973)
HARRY T. GRAY (1890-1975)
FRANCIS P. CONROY, II (1912-1991)
DELERIDGE L. GIBBS (1917-1992)

SUITE 800
1200 RIVERPLACE BOULEVARD
JACKSONVILLE, FLORIDA 32207

POST OFFICE BOX 447
JACKSONVILLE, FLORIDA 32201
TELEPHONE (904) 398-0900
TELECOPIER (904) 399-8440

March 1, 1995

(SENT VIA FEDERAL EXPRESS)

500001420045
-03/03/95--01007--001
*****36.00 *****36.00

Florida Department of State
Division Of Corporations
409 East Gaines Street
Tallahassee, FL 32399

500001420045
-03/03/95--01007--002
*****52.50 *****52.50

Re: MEDICAL EQUITIES PARTNERS, LTD.
Our Reference No. 11869

500001420053
-03/03/95--01007--003
*****52.50 *****52.50

Dear Sir/Madam:

We have enclosed for filing the CERTIFICATE OF LIMITED PARTNERSHIP OF MEDICAL EQUITIES PARTNERS, LTD. Please file one original of the document and return a certified copy receipt stamped to this office in the enclosed self addressed envelope.

Additionally, we have enclosed our firm check, in the amount $144.00, representing the filing fees.

Please contact our office should you have any questions or concerns. Thank you for your assistance.

FILED
95 MAR 03 AM 8:17

Very truly yours,

Jeane Dempsey
Paralegal

Name 3/7/95
Availability dee
Document Examiner
Updater /jd
Enclosures
JAD\LTR\85285.1
Acknowledgement
W. P. Verifyer

LP 88.50
Cert. 52.50

A95000000315

TC
$7,500.00

CERTIFICATE OF LIMITED PARTNERSHIP OF MEDICAL EQUITIES PARTNERS, LTD.

The undersigned, desiring to form a limited partnership under the Florida Revised Uniform Limited Partnership Act (1986) hereby certifies:

1. The name of the limited partnership is Medical Equities Partners, Ltd. (the "Partnership").

2. The location of the principal place of business of the Partnership is 4651 Salisbury Road, Suite 155, Jacksonville, Florida 32216, or at such other place as the general partner may designate.

3. The street address of the registered office of the Partnership is 4651 Salisbury Road, Suite 155, Jacksonville, Florida 32216, and the name of the registered agent of the Partnership at that address is Brett J. Lewis.

L05721

4. The name and business address of the sole general partner of the Partnership is Medical Equities Partners, Inc., 4651 Salisbury Road, Suite 155, Jacksonville, Florida 32216.

5. The mailing address of the Partnership is 4651 Salisbury Road, Suite 155, Jacksonville, Florida 32216.

6. The term of the Partnership shall commence on the date of filing hereof and shall continue until April 15, 2020.

IN WITNESS WHEREOF, the undersigned does solemnly swear that the foregoing statements are true and correct as of this 28th day of February, 1995.

FILED
95 MAR -3 PM 3:47

GENERAL PARTNER:

MEDICAL EQUITIES PARTNERS, LTD.

By: Medical Equities Partners, Inc.

WITNESSES:

Mike Bryan

By: _____
Brett J. Lewis, President

STATE OF FLORIDA
COUNTY OF DUVAL

The foregoing instrument was acknowledged before me this 28th day of February, 1995, by Brett J. Lewis, as President of Medical Equities Partners, Inc., a Florida corporation, on behalf of the corporation, as a partner of Medical Equities Partners, Ltd., who is personally known to me or who has produced _____ as identification and who did (did not) take an oath.

Print Name: William L. Thompson, Jr.
Notary Public, State of Florida
My Commission expires: _____
Commission Number: CC136501

(SEAL)

Notary Public, State of Florida
My Comm. Exp. Sept. 11, 1995
Bonded thru Notary Public Underwriters

STATE OF FLORIDA
COUNTY OF DUVAL

AFFIDAVIT OF CAPITAL CONTRIBUTIONS OF MEDICAL EQUITIES PARTNERS, LTD.

Before me, the undersigned authority, personally appeared Brett J. Lewis, President of Medical Equities Partners, Inc., the General Partner of Medical Equities Partners, Ltd., (the "Partnership"), who being by me first duly sworn, deposes and says:

1. That Medical Equities Partners, Inc., is the sole general partner of the Partnership.

2. The limited partners have made capital contributions to the Partnership in the amount of $100.00 as of the date hereof.

3. It is anticipated that the limited partners may contribute up to an additional $7,400.00 of capital to the Partnership.

Brett J. Lewis, President
Medical Equities Partners, Inc.

STATE OF FLORIDA
COUNTY OF Duval

The foregoing instrument was acknowledged before me this 28th day of February, 1995, by Brett J. Lewis, as President of Medical Equities Partners, Inc., a Florida corporation, on behalf of the corporation, as a partner of Medical Equities Partners, Ltd., who is personally known to me or who has produced _____ as identification and who did (did not) take an oath.

Print Name: _____
Notary Public, State of Florida
My Commission expires: _____
Commission Number: CC136501

(SEAL)

Notary Public, State of Florida
My Comm. Exp. Sept. 11, 1995
Bonded thru PICHARD Ins. Agency

CERTIFICATE DESIGNATING REGISTERED OFFICE AND REGISTERED AGENT FOR THE SERVICE OF PROCESS WITHIN FLORIDA

In compliance with Florida Statutes 48.061 and 620.105, the following is submitted:

Medical Equities Partners, Ltd., desiring to organize under the laws of the State of Florida hereby designates Brett J. Lewis as its registered agent to accept service of process within the State of Florida and the address of its registered office shall be 4651 Salisbury Road, Suite 155, Jacksonville, FL 32216.

MEDICAL EQUITIES PARTNERS, LTD.

By: Medical Equities Partners, Inc.
General Partner

By: _____
Brett J. Lewis, President

Dated: February 28, 1995

FILED
95 MAR -3 PM 1:55

Having been named to accept service of process for the above-named limited partnership at the place designated in this Certificate, the undersigned hereby agrees to act in this capacity and further agrees to comply with the provisions of the Florida Revised Uniform Limited Partnership Act (1986) relative to the keeping of said office and the proper and complete performance of his duties.

_____
Brett J. Lewis

Dated: February 28, 1995

A95000000315

MARKS, GRAY, CONROY & GIBBS

PROFESSIONAL ASSOCIATION

ATTORNEYS AT LAW

JAMES C. RINAMAN, JR.
H. FRANKLIN PERRITT, JR.
VICTOR M. HALBACH, JR.
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DELBRIDGE L. GIBBS (1917-1992)

SUITE 1100
1200 RIVERPLACE BOULEVARD
JACKSONVILLE, FLORIDA 32207

POST OFFICE BOX 447
JACKSONVILLE, FLORIDA 32201
TELEPHONE (904) 398-0900
TELECOPIER (904) 399-8440

April 26, 1995

(SENT VIA FEDERAL EXPRESS)

Florida Department of State
Division Of Corporations
409 East Gaines Street
Tallahassee, FL 32399

900001473859
-05/03/95--01120--011
***1750.00 ***1750.00

Re: MEDICAL EQUITIES PARTNERS, LTD.
Our Reference No. 11869

Dear Sir/Madam:

We have enclosed for filing the Supplemental Affidavit of Capital Contributions of Medical Equities Partners, Ltd. Please file one original of the document and return a certified copy receipt stamped to this office in the enclosed self addressed envelope.

Additionally, we have enclosed a check in the amount $1,750, representing the filing fees.

Please contact our office should you have any questions or concerns. Thank you for your assistance.

Sincerely,

William L. Thompson, Jr.

FILED
95 MAY -3 AM 8:55

A95000000315

WLT/tld
enc

90179.1

TC $1,150,000.00

STATE OF FLORIDA
COUNTY OF DUVAL

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS OF MEDICAL EQUITIES PARTNERS, LTD.

Before me, the undersigned authority, personally appeared Brett J. Lewis, President of Medical Equities Partners, Inc., the General Partner of Medical Equities Partners, Ltd. (the "Partnership"), who being by me first duly sworn, deposes and says:

1. That Medical Equities Partners, Inc., is the sole general partner of the Partnership.

2. At the time of the filing of the Affidavit of Capital Contributions, it was anticipated that the limited partners would contribute up $7,500.00 of capital to the Partnership.

3. The limited partners have made capital contributions to the Partnership in the amount of $327,500.00 as of the date hereof. It is anticipated that the limited partners may contribute up to an additional $822,500.00 of capital to the Partnership.

Brett J. Lewis, President
Medical Equities Partners, Inc.

STATE OF FLORIDA
COUNTY OF DUVAL

Sworn to and subscribed before me this 26th day of April, 1995, by Brett J. Lewis.

Linda Denise McAuslin
Print: Linda Denise McAuslin
Notary Public, State of Florida
My Commission expires: 2/1/97
Commission No.: CC259923

(SEAL)

Personally Known ✓
Produced Identification ____
Type: ____

NOTARY PUBLIC STATE OF FLORIDA
LINDA DENISE MCAUSLIN
My Comm Exp. 2/01/97
Bonded By Service Ins
No. CC259923

88359.1

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JAN -3 PM 5:40

1. Name of Limited Partnership

1a. DOCUMENT # A95000000315

MEDICAL EQUITIES PARTNERS, LTD.

DETACH WHITE PLEASE STAPLE

2. New Mailing Address, If Applicable

Suite, Apt. #, etc.

City, State & Zip

2a. New Principal Office Address

Suite, Apt. #, etc.

City, State & Zip

BK

1/9/96

Mailing Address	Principal Office Address
4651 SALISBURY ROAD, SUITE 155 JACKSONVILLE FL 32216	4651 SALISBURY ROAD, SUITE 155 JACKSONVILLE FL 32216

300001168425 3
-01/10/96--01064--003
****570.25 ****576.25

If above addresses are not correct 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
03/03/1995		FL

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number
$1,150,000.00		59-3303824

Applied For ☐ Not Applicable ☐

7. CERTIFICATE OF STATUS IS 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	10. If changed, new Registered Agent/Office
LEWIS, BRETT J 4651 SALISBURY ROAD, SUITE 155 JACKSONVILLE FL 32216	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 620.102, 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
MEDICAL EQUITIES PARTNERS, INC.	4651 SALISBURY ROAD,	JACKSONVILLE FL 32216	L65721

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

I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of any kind in connection 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

DATE 12/29/95

Typed or Printed Name of General Partner Signing Form: Brett J. Lewis

Telephone Number: (904) 276-1442

CR2E003 (6/95)

0009235