

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

OF COUNCIL
RANDAL C. FAIRDANCE

PORT OFFICE BOX 447
JACKSONVILLE, FLORIDA 32201
TELEPHONE (904) 398-0000
TELECOPIER (904) 399-0440

TZ
\$ 7,500.00

Name	37195
Availability	dec
Documental	
Examiner	
Inspector	/jd
	Enclosures
	JAD\LTR\85285.1
Acknowledgement	
W. P. Verifier	000

A950000003/5

**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.
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. L105721
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.

GENERAL PARTNER:

MEDICAL EQUITIES PARTNERS, LTD.

By: Medical Equities Partners, Inc.

By: [Signature]
Brett J. Lewis, President

WITNESSES:

[Signature]
MIKE BRYAN

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.

[Signature]
Print Name: William L. Thompson, Jr.

Notary Public, State of Florida

My Commission expires:

Commission Number: CC136501

Notary Public, State of Florida
My Comm. Exp. Date: 11/1/95
Bonded thru 1/1/97 to the full amount

(SEAL)

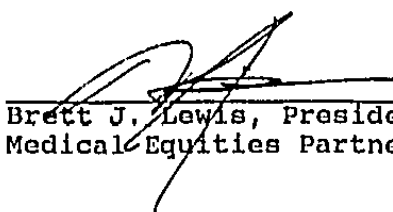
FILED
1995 MAR -3 11 3 47

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:

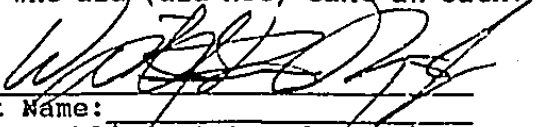
1. That Medical Equities Partners, Inc., is the sole general partner of the Partnership.
2. The limited partners have made capital contributions to the Partnership in the amount of \$100.00 as of the date hereof.
3. It is anticipated that the limited partners may contribute up to an additional \$7,400.00 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.

(SEAL)


Print Name: _____
Notary Public, State of Florida
My Commission expires: _____
Commission Number: 00136501

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

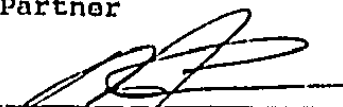
**CERTIFICATE DESIGNATING REGISTERED OFFICE AND
REGISTERED AGENT FOR THE SERVICE OF PROCESS WITHIN FLORIDA**

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

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. BINAMAN, JR.
H. FRANKLIN PERRETT, JR.
VICTOR M. HALBACH, JR.
GERALD W. WEE DON
WILLIAM L. THOMPSON, JR.
NICHOLAS V. PULIGNANO, JR.
WILLIAM M. CORLEY
JERINA F. HAINOUR
STEPHEN C. BULLOCK
KAREN C. HOFFMAN
LINDA C. INGHAM
SUSAN B. ERDELYI
ROBERT E. BROACH

ALAN R. RAGAN
CHRISTOPHER D. GRAY
GARY B. STENE
DANIEL A. NICHOLAS
STEPHEN B. GALLAGHER
M. SCOTT THOMAS
GREGORY A. LAWRENCE
EDWARD K. COTTRELL

OF COUNSEL

RANDAL C. FAIRBANKS

RICHARD P. MARKS 11876 10421
SAM H. MARKS 11885 10731
HARRY T. GRAY 11890 10751
FRANCIS P. CONROY, II 11018 10011
DELRIDGE L. GIBBS 11017 10021

SUITE 1100

1200 RIVERPLACE BOULEVARD

JACKSONVILLE, FLORIDA 32207

POST OFFICE BOX 447

JACKSONVILLE, FLORIDA 32201

TELEPHONE (904) 398-0900

TELECOPIER (904) 398-8440

April 26, 1995

(SENT VIA FEDERAL EXPRESS)

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

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

9000001473658
-05/03/95--01120--011
+++1750.00 +++1750.00

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.

A95000000315

WLT/tld
enc
DEC
UP
90179.1

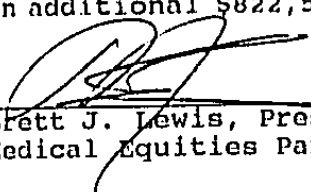
1150.00.00

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:

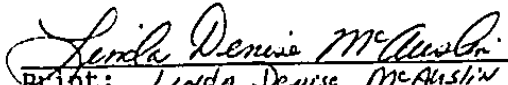
1. That Medical Equities Partners, Inc., is the sole general partner of the Partnership.
2. At the time of the filing of the Affidavit of Capital Contributions, it was anticipated that the limited partners would contribute up \$7,500.00 of capital to the Partnership.
3. The limited partners have made 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.

(SEAL)


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

Personally Known ☒
Produced Identification ☐
Type: _____



LINDA DENISE MCAUSLIN
My Comm Exp. 2/01/97
Bonded By Service Ins
No. CC259923
Notary Public 11032110

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 Mathews
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 JAN -3 PM 5:40

1. Name of Limited Partnership

1n. DOCUMENT #
A95000000315

MEDICAL EQUITIES PARTNERS, LTD.

Mailing Address
4651 SALISBURY ROAD, SUITE 155
JACKSONVILLE FL 32216

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, if Applicable

State Apt # etc

City State & Zip 32000 1684253
-01710/235-01064-003

2n. New Principal Office ****576125 to ****576.25

State Apt # etc

City State & Zip

3. Date Form to be Registered to be Received in
FLORIDA 03/03/1995

3a. Date of Last Report

4. State or Country of Formation
FL

5n. Capital Contributions as Shown
on Record
\$1,150,000.00

5b. Amount of Capital Contributions in
FLORIDA to date

6. FID Number

59-3303824

Applied For

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

\$4.75 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 607.103, 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

LEWIS, BRETT J
4651 SALISBURY ROAD, SUITE 155
JACKSONVILLE FL 32216

10. If changed, new Registered Agent/Office

Name

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

State Apt # etc

City

Zip Code
FL

10a. Pursuant to the provisions of sections 620, 1051, and 620, 1102, 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, 1102, Florida Statutes.

DATE

SIGNATURE (Registered Agent Accepting Appointment)

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)

MEDICAL EQUITIES PARTNERS, INC.

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

4651 SALISBURY ROAD,

11b. City State & Zip Code

JACKSONVILLE FL 32216

11c. Registrar's/
Document Number

L65721

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 is true and correct, and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I release the Division of Corporations from any liability of such certification with Section 119.07(3)(b) 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 make this report as required by Section 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Brett J. Lewis

DATE 12/25/95

Telephone Number (904) 216-1442

0009235

CR2E003 (5/95)