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TALLAHASSEE, FL 32301

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A95000000471

CSC networks
PROFESSIONAL
LEGAL & FINANCIAL SERVICES

95 MAR 24 11 21

FILED

ACCOUNT NO. : 0721000000032

REFERENCE : 565916 4134A

AUTHORIZATION : *Patricia Pysko*

COST LIMIT : \$ 105

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 23 PM 3:09

ORDER DATE : March 24, 1995

ORDER TIME : 12:52 PM

ORDER NO. : 565916

CUSTOMER NO: 4134A

CUSTOMER: Allison Lichter, Legal Asst
BROAD AND CASSEL

600001439516

Suite 3000, Miami Center
201 South Biscayne Boulevard
Miami, FL 33131

DOMESTIC FILING

NAME: WORKMED IPA, LTD.

70
35

☒ 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:

3/24/95
JMK

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DIVISION OF CORPORATIONS
95 MAR 24 PM 3:10

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
WORKMED IPA, LTD.
a Florida limited partnership**

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DIVISION OF CORPORATIONS
99 MAR 24 PM 3:10

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

1. The name of the limited partnership is WORKMED IPA, LTD. (the "Partnership").
2. The address of the office of the Partnership is Golden Glades Regional Medical Center, Business Development Office, 17330 N.W. Seventh Avenue, Suite 208, Miami, Florida 33169, Attention: Victor Krestow, M.D.
3. The name and address of the agent for service of process on the Partnership is B&C Corporate Services, Inc., Miami Center, Suite 3000, 201 South Biscayne Blvd., Miami, Florida 33131.
4. The name and business address of the General Partner is WorkMed IPA, Inc., Golden Glades Regional Medical Center, Business Development Office, 17330 N.W. Seventh Avenue, Suite 208, Miami, Florida 33169, Attention: Victor Krestow, M.D. P94000087472
5. The mailing address of the Partnership is Golden Glades Regional Medical Center, Business Development Office, 17330 N.W. Seventh Avenue, Suite 208, Miami, Florida 33169, Attention: Victor Krestow, M.D.
6. The latest date upon which the Partnership will dissolve is February 1, 2025.
7. A conveyance or encumbrance of real property held in the Partnership name, and any other instrument affecting title to real property in which the Partnership has an interest shall be executed in the Partnership name by the General Partner.

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 sole General Partner of WorkMed IPA, Ltd. this 17 day of March, 1995.

GENERAL PARTNER:

WORKMED IPA, INC.

By: _____

Name: Victor Krestow, M.D.

Title: President

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
95 MAR 24 PM 3:10

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for WORKMED IPA, 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:

B & C CORPORATE SERVICES, INC.

By: Linda C. Frazier
Linda Frazier, Vice President

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DIVISION OF CORPORATIONS
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AFFIDAVIT OF CAPITAL CONTRIBUTION

THE UNDERSIGNED, VICTOR KRESTOW, M.D., President of WORKMED IPA, INC., the sole general partner of WORKMED IPA, LTD., a Florida limited partnership (the "Partnership"), hereby certifies that the total initial amount of capital contributions and anticipated capital contributions by the limited partners of the Partnership is \$ 10,000.00

FURTHER AFFIANT SAYETH NOT.

GENERAL PARTNER

WORKMED IPA, INC.

By: [Signature]
Name: Victor Krestow, M.D.
Title: President

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MAR 24 PM 3:10

STATE OF FLORIDA
COUNTY OF DADE

The foregoing instrument was acknowledged before me this 17th day of March, 1995, by Victor Krestow, M.D., as President of WORKMED IPA, INC., the sole general partner of WORKMED IPA, LTD. He is personally known to me or has produced A. License as identification.
K623875 362210

[Signature]
(Signature of Notary Public)

Susan McBreen
(Typed name of Notary Public)
Notary Public, State of Florida
Commission No. CC268014

My Commission Expires:



A 95000000471

LIMITED PARTNER FEE

DOCUMENT #
1.

WORKMED IPA, LTD.
A 95000000 471

FILED
95138-1 7/18/95

CALL: 800-352-1111

2. 17330 NW 7th AVENUE
204 SUITE
MIAMI, FLORIDA

33169 DADE

3. 17330 NW 7th AVENUE
SUITE 204
MIAMI, FLORIDA

33169 DADE

4. 1995
5. 65-0557015

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status
7. FLORIDA

8a. 10,000

8b. FLORIDA

\$8,572

FEES: 1. Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in D-1 with a minimum filing fee of \$52.50 and a maximum of \$425.00 for each year due this office.
2. Supplemental Fee: \$138.75 for each year due this office beginning with 1992 rate due year.
3. Penalty Fee: \$500 penalty fee for each year report form is delinquent.
Note: If the amount entered in D-1 is greater than amount entered in D-1, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent

B & C CORPORATE SERVICE, INC.
201 SO. BISCAYNE BLVD.
SUITE 3000
MIAMI, FLORIDA 33131

10. If filing a new registration, fill in:

700009-181-31-97
-05/08/96--01047--014
****707:50 ****707:50
FL Zip Code

10a. The undersigned hereby certifies that the above named partnership or person or registered under the laws of the State of Florida, under the provisions of the laws of the State of Florida, is a general partner in the partnership or person named above, and is duly qualified to act as a general partner in the partnership or person named above, and is duly qualified to act as a general partner in the partnership or person named above.

Signature of 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 of General Partner

Address of Each General Partner
(Use P.O. Box Post Office Box Number)

City, State and Zip Code

11a. Registration Document Number

WORKMED, IPA INC.

17330 NW 7th AVENUE
SUITE 204

MIAMI, FLORIDA
33169

8946097472
65-0557015
CM

RESTATEMENT.

#198.75 AR
500.00 - penalty
875-C45

96

C45

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

12. The undersigned hereby certifies that the above named partnership or person or registered under the laws of the State of Florida, under the provisions of the laws of the State of Florida, is a general partner in the partnership or person named above, and is duly qualified to act as a general partner in the partnership or person named above, and is duly qualified to act as a general partner in the partnership or person named above.

SIGNATURE

DATE

Typed Name of General Partner

Telephone Number

CR2E039 (4/95)