

1201 HAYN STREET
TALLAHASSEE, FL 32301

800-342-8086

A95000000496



95 MAR 29 10 10

DIVISION OF REGISTRATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
5 MAR 29 PM 2:43

ACCOUNT NO. : 072100000032
REFERENCE : 566857 92405A
AUTHORIZATION : *Patricia Pizito*
COST LIMIT : ~~9,750.00~~

ORDER DATE : March 27, 1995

\$1435.00

ORDER TIME : 3:38 PM

ORDER NO. : 566857

100001442331

CUSTOMER NO: 92405A

CUSTOMER: Ms. Kathy Slayman
Paranet Corporation Services,
Suite 260
3761 Venture Drive
Duluth, GA 30136-5598

FOREIGN FILINGS

NAME: FHT/HCA, LTD.

XX PROFIT
 NON-PROFIT

 CORPORATE
XX LIMITED PARTNERSHIP

XX QUALIFICATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Andrea Hamilton

BK
3/29/95

CERTIFICATE OF LIMITED PARTNERSHIP
OF
FHT/HCA, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 AM 11:43

Pursuant to the provisions of Section 620.108 of the Florida Revised Uniform Limited Partnership Act (the "Act"), the undersigned general partner hereby executes a certificate of limited partnership:


1. **Name.** The name of the limited partnership (the "Partnership") is FHT/HCA, Ltd.
2. **Business Address.** The business address and zip code of the Partnership's principal office is 4401 N.W. 25th Place, Suite G, Gainesville, Florida 32606.
3. **Registered Agent.** The name of the Partnership's registered agent, to be located at the Partnership's registered office, as required by Section 620.105 of the Act, is Tim W. Kaskey.
4. **Address of Registered Agent.** The street address and zip code of the Partnership's registered office in Florida is 4401 N.W. 25th Place, Suite G, Gainesville, Florida 32606.
5. **General Partner.** The name and business address of the sole general partner of the Partnership is Florida Home Therapeutics, Inc. located at 4401 N.W. 25th Place, Suite G, Gainesville, Florida 32606. 679913
6. **Mailing Address.** The mailing address and zip code of the Partnership is 4401 N.W. 25th Place, Suite G, Gainesville, Florida 32606.
7. **Dissolution Date.** The latest date on which the Partnership is to dissolve is December 31, 2015.

IN WITNESS WHEREOF, the undersigned, being the sole general partner of the Partnership, has executed this Certificate of Limited Partnership as of March 24, 1995.

GENERAL PARTNER

FLORIDA HOME THERAPEUTICS, INC.
a Florida corporation

I hereby accept and am familiar with
the duties of being Registered Agent

By:  Tim W. Kaskey
Title: President and Registered Agent

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned constituting the sole general partner of FIIT/HCA, LTD., a Florida Limited Partnership, certifies:

The amount of capital contributions to date of the limited partner is \$200,000.

The total amount contributed and anticipated to be contributed by the limited partner at this time totals \$200,000.

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury the undersigned declares that it has read the foregoing and knows the contents thereof and that the facts stated herein are true and correct.



Florida Home Therapeutics, Inc.,
General Partner

This 27th day of March, 1995.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 2:43

A95000000946

OFFICE
SICILIANO & KRAMER, P.A.
980 NORTH FEDERAL HIGHWAY • SUITE 440
BOCA RATON, FLORIDA 33433

(407) 338-9880

THOMAS V. SICILIANO
WILLIAM B. KRAMER

December 5, 1995

TELECOPIER
(407) 338-3441

Florida Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32314

200001858112
-12/08/95--01096--006
+++1750.00 +++1750.00

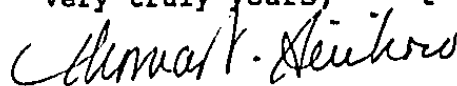
Re: Sparks Properties, Ltd.
Document No. A95000000946

Dear Sirs:

I enclose a Supplemental Affidavit of Capital Contributions for the above partnership, together with a check in the amount of \$1,750.00, representing the filing fee.

Please file this document and return the letter of acknowledgment to my office as soon as possible.

Very truly yours,



Thomas V. Siciliano

TVS/jmc
enclosures

cc: Mr. and Mrs. Gordon A. Sparks
(with enclosures)

FILED
95 DEC -8 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name	CR 12-12
Availability	A95-946
Document Examiner	CR
Updater	CR
Updater Verifier	CR
Acknowledgement	CR
W. P. Verifier	CR

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned, constituting all of the general partners of Sparks Properties, Ltd., a Florida limited partnership, execute this supplemental affidavit to be filed pursuant to Section 620.112, Florida Statutes.

The limited partners have made or anticipate making capital contributions of \$7 million in excess of the anticipated amount of capital contributions set forth in the Affidavit of Capital Contributions dated June 21, 1995, and filed by the undersigned with the Florida Department of State.

Gordon A. Sparks
Gordon A. Sparks, as trustee
under the declaration of trust
of Gordon A. Sparks dated April
21, 1987, as amended

Lucille E. Sparks
Lucille E. Sparks, as trustee
under the declaration of trust
of Lucille E. Sparks dated April
21, 1987, as amended

STATE OF FLORIDA

COUNTY OF PALM BEACH

Sworn and subscribed before me this 21st day of November, 1995, by Gordon A. Sparks and Lucille E. Sparks, who are personally known to me or who have produced their drivers' licenses as identification.

Thomas V. Siciliano
Notary Public

My commission expires:



THOMAS V. SICILIANO
MY COMMISSION # CC301189 EXPIRES
July 16, 1997
BONDED THRU TROY FAIR INSURANCE, INC.

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

UNITED PARTNERSHIP
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Cynthia Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 JAN 24 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Firm or Individual Partnership

1a. DOCUMENT #
A95000000496

FHT/HCA, LTD.

Mailing Address

4401 N.W. 25TH PLACE, SUITE G
GAINESVILLE FL 32606

Principal Office Address

4401 N.W. 25TH PLACE, SUITE G
GAINESVILLE FL 32606

2. New Mailing Address, If Applicable

State, Apt. # etc.

City, State & Zip

32606 FL 32606
01/25/96-01/26-01/26

2a. New Principal Office, If Applicable

State, Apt. # etc.

City, State & Zip

If received, please print in any way from through this or other information and under correct address in Block 2 and/or 2a

3. Date Formed or Registered to Do Business in
FLORIDA 03/29/1995

3a. Date of Last Report

4. State or Country of Formation
FL

5a. Capital Contributions as Shown
on Record
\$200,000.00

5b. Amount of Capital Contributions in
FLORIDA to date

6. FID Number

59-2374447

Applied Fee

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

\$27.75 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 \$42.50 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 \$570.25 (\$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

KASKEY, TIM W
4401 N.W. 25TH PLACE, SUITE G
GAINESVILLE FL 32606

10. If changed, new 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 620.1051 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)

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

11b. City, State & Zip Code

11c. Registration
Document Number

FLORIDA HOME THERAPEUTICS, I

4401 N.W. 25TH PLACE,

GAINESVILLE FL 32606

G79913

AR- \$437.50
SF- \$138.75

1-25-96a

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 with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance 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 it were signed by me. I further certify that I am a General Partner of the limited partnership, receiver or liquidator empowered to execute this report as required by Chapter 600, Florida Statutes.

SIGNATURE

DATE 12-21-95

Telephone Number 904-571-0811

Typed or Printed Name of General Partner Signing Form

Tim W. Kaskey, President
Florida Home Therapeutics, Inc.

0000661

CR2E003 (6/95)