

A9500000822

LAW OFFICES
BOWEN & CAMPIONE, P.A.
600 JENNINGS AVENUE
POST OFFICE BOX 926
EUSTIS, FLORIDA 32726-0926
(Corner of Kurt St. and Jennings Ave.)
(904) 589-1414
Telecopier (904) 589-1726

LENNON B. BOWEN, III
DAVID M. CAMPIONE

May 12, 1995

FILED
1995 MAY 31 PM 12:00
TALLAHASSEE, FLORIDA

Secretary of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32301

400001488914
-05/16/95--01102--003
****140.00 ****140.00

RE: Lakeside Medical Limited Partnership
Certificate of Limited Partnership

Gentlemen:

Enclosed for filing is the original Certificate of Limited Partnership of Lakeside Medical Limited Partnership. Also enclosed is our check in the amount of \$140.00 which represents the filing fee, the fee for registered agent designation and the fee for return of a certified copy. After filing of the instrument, please forward the certified copy to this office.

Thank you for your assistance in this matter.

Sincerely,


David M. Campione

DMC/edp
Encl.

~~5/18/95 a~~
~~5/18/95~~
~~789, 655, 654, 640, 671~~

~~195000010658~~ 5/31/95 a



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

May 19, 1995

DAVID M. CAMPIONE, ESQUIRE
POST OFFICE BOX 926
EUSTIS, FL 32726-0926

SUBJECT: LAKESIDE MEDICAL LIMITED PARTNERSHIP
Ref. Number: W95000010658

We have received your document for LAKESIDE MEDICAL LIMITED PARTNERSHIP and your check(s) totaling \$140.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 620.108, Florida Statutes, requires that limited partnership certificates include the mailing address in addition to the principal place of business address. Please correct your document accordingly. If the mailing address and principal place of business are one and the same, please be sure this is clearly reflected in your document.

Section 620.108, Florida Statutes, requires the certificate include the latest date upon which the partnership is to dissolve.

Pursuant to section 620.108, Florida Statutes, an affidavit declaring the amount of the capital contributions of the limited partners and the amount anticipated to be contributed by the limited partners must accompany the certificate of limited partnership. The affidavit must be signed by all general partners and notarized.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6920.

Ava Watson
Corporate Specialist

Letter Number: 295A00025789

LAW OFFICES
BOWEN & CAMPIONE, P.A.
600 JENNINGS AVENUE
POST OFFICE BOX 926
GUSTIS, FLORIDA 32726-0926
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(904) 589-1414
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LENNON E. BOWEN, III
DAVID M. CAMPIONE

May 26, 1995

VIA OVERNIGHT DELIVERY

Florida Department of State
Division of Corporations
ATTN: Ava Watson, Corporate Specialist
Post Office Box 6327
Tallahassee, Florida 32314

RE: Lakeside Medical Limited Partnership
Ref. Number: W95000010658

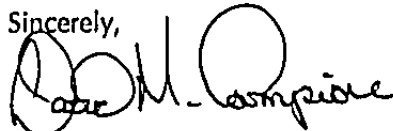
Dear Ms. Watson:

Pursuant to your letter of May 18, 1995, a copy of which is enclosed, I have revised the enclosed documentation. As discussed with you on the telephone, I have incorporated the Certificate and Affidavit of Limited Partnership. Representations with regard to the capital contributions by the limited partners is incorporated into the Certificate and Affidavit of Limited Partnership.

All other comments in your letter have been addressed in the enclosed document.

If you have any questions or comments, please advise.

Sincerely,



David M. Campione

DMC/edp
Encl.

CERTIFICATE AND AFFIDAVIT OF LIMITED PARTNERSHIP
of

LAKESIDE MEDICAL LIMITED PARTNERSHIP

A95000000822

We, the undersigned, desiring to form a partnership, pursuant to the Florida Uniform Limited Partnership Act as set forth in Section 620.01 et seq. of the Florida Statutes, do hereby certify:

1. The name under which such partnership is to conduct business is LAKESIDE MEDICAL LIMITED PARTNERSHIP.

2. The character of the business intended to be transacted by the partnership is as follows:

The purpose of the partnership shall be limited strictly to (i) acquiring and developing certain properties in Lake County, Florida, (ii) owning, operating, selling, leasing, and disposing of said properties, and (iii) engaging in such other operations and business that a partnership without limited partners may carry on, and deemed necessary or appropriate to the foregoing purposes.

3. The street and mailing address of the initial registered office of business and principal place of business for the partnership is 600 Jennings Avenue, Eustis, Florida 32726 and the initial registered agent of the partnership at that address is David M. Campione, Esq. The principal office address and the registered office address is the same.

4. Name and address of each general partner and limited partner is as follows:

a. The name and principal place of business of each general partner interested in the partnership are as follows:

Lakeside Medical Ventures, Inc.
32845 Radio Road #E
Leesburg, Florida 34788

b. The name and place of residence of each limited partner interested in the partnership are as follows:

(1) Jeffrey B. Keller, M.D.
3801 Highway 19A, Suite 408
Mt. Dora, Florida 32757

(4) Richard Bosshardt, M.D.
18 North Eustis Street
Eustis, Florida 32726

(2) Liliane K. Lesmes, M.D.
500 West Burleigh Boulevard
Tavares, Florida 32778

(5) J. Henry Lesmes, M.D.
32845 RAdio Road, #E
Leesburg, Florida 34788

(3) David Fernandez, M.D.
490 W. Burleigh Boulevard
Tavares, Florida 32778

FILED
1995 MAY 31 PM 12:00
TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP
LAKESIDE MEDICAL LIMITED PARTNERSHIP
PAGE TWO

5. The partnership shall commence on May 12, 1995, and shall continue until the first to occur of the following or May 12, 2005, which ever is earlier:

- a. Ten years shall have elapsed since the commencement of the partnership; or
- b. Acquisition of all of the other partners' interest by one partner; or
- c. Sale or other disposition of all, or substantially all, of the properties acquired by the partnership.
- d. Dissolution of the partnership pursuant to the express provisions of the Limited Partnership Agreement.

6. The actual and anticipated capital contribution of each limited partner is as follows:

<u>General Partner</u> - Lakeside Medical Ventures, Inc.	1,200.00
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Limited Partners:

a. Jeffrey B. Keller, M.D.	1,200.00
b. Liliane K. Lesmes, M.D.	1,200.00
c. J. Henry Lesmes, M.D.	1,200.00
d. David Fernandez, M.D.	1,200.00
e. Richard Bosshardt, M.D.	1,200.00

Total	<u>\$ 7,200.00</u>
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7. The limited partners will make such additional contributions to the capital of the partnership as may from time to time be agreed upon by the general partners and the limited partners, or as provided by the provisions of the Limited Partnership Agreement.

8. The interest of the respective partners in the assets, liabilities, profits and losses of the partnership shall be proportional to the partners total contribution to the capital of the partnership.

General Partner: Lakeside Medical Ventures, Inc.,
a Florida corporation

By: J. Henry Lesmes
J. Henry Lesmes
President

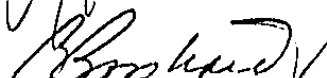
FILED
1995 MAY 31 PM 12:00
TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP
LAKESIDE MEDICAL LIMITED PARTNERSHIP
PAGE THREE


Limited Partners:




Jeffrey B. Keller, M.D.



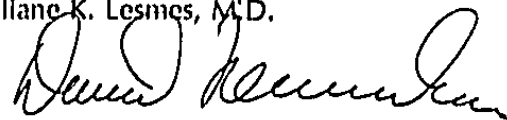
Richard Bosshardt, M.D.



J. Henry Lesmes, M.D.



Lilliane K. Lesmes, M.D.



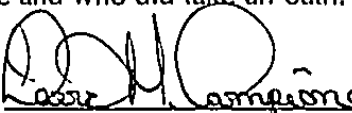
David Fernandez, M.D.

FILED
1995 MAY 31 PM 12:00
NOTARY PUBLIC
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF LAKE

The foregoing Affidavit and Certificate of Limited Partnership of Lakeside Medical Limited Partnership was sworn to and acknowledged before me this 12th day of May, 1995, by Jeffrey B. Keller, Lilliane K. Lesmes, David Fernandez, Richard Bosshardt and J. Henry Lesmes, who are personally known to me and who did take an oath.

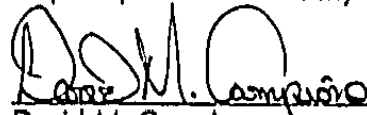
(Seal)



Notary Public
David M. Campione
My Commission Expires:
Notary Public, State of Florida
My Commission Expires July 23, 1995
Bonded thru Tray To'n - Insurance Inc.

ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent for the above stated Limited Partnership at the place designated in the Certificate of Limited Partnership, I hereby agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.


David M. Campione
Registered Agent

FILED
1995 MAY 31 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A95000000822

OFFICE USE ONLY (Document #)

Lakeside Medical Limited Partnership

600 Gunning Ave

Quincy, IL 301/26

(City, State, Zip)

(Phone #)

SUBJECT 15-41683
-11/27/95--01002--019
***1997.96 ***1421.70

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Lakeside Medical Limited Partnership

(Corporation Name)

(Document #)

2. A95000000822

(Corporation Name)

(Document #)

3. _____

(Corporation Name)

(Document #)

4. _____

(Corporation Name)

(Document #)

☐ Walk in ☐ Pick up time _____

☐ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED

1995 NOV 20 PM 1:02

FF- \$1,421.70

11/21/95 am



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

**SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A
FLORIDA LIMITED PARTNERSHIP**

The undersigned general partners of Lakeside Medical Limited Partnership
_____, a
Florida Limited Partnership, executed this supplemental affidavit filed pursuant to section 620.112,
Florida Statutes.

The total amount of the capital contributions of the limited partners is: \$ 210,301.40

This 3rd day of October, 19 95

FURTHER AFFIANT SAYETH NOT.

*Under penalties of perjury I declare that I have read the foregoing and that the facts are true, to
the best of my knowledge and belief.*

General Partner(s)

Lakeside Medical Ventures, Inc.

J. Henry Lesmes
BY: J. Henry Lesmes
President

FEES:

\$7 per \$1,000 based on the additional contributions
(Minimum \$52.50 - Maximum \$1,750.00)

FILED
1995 NOV 20 PM 1:02
TALLAHASSEE, FLORIDA

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
TALLAHASSEE, FLORIDA 32399-0001

FILED
1995 NOV 20 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Type of document:
1a. DOCUMENT #
A95000000822

LAKESIDE MEDICAL LIMITED PARTNERSHIP

Mailing Address: 600 JENNINGS AVE.
EUSTIS FL 32726
Principal Office Address: 600 JENNINGS AVE.
EUSTIS FL 32726

If there is a change in principal office address, add the new address and delete the old address in Block 2 and/or 3a.

3. Date Formed or Registered in the State of FLORIDA: **05/31/1995**
3a. Date of Last Renewal: **FL**
4. Date of Expiry of Expiration: **FL**

5a. Capital contributed by partners as follows: **\$7,200.00**
5b. Amount of Capital Contributions in FLORIDA to date: **210,301.40**
6. FEI Number: **59-3318799**

8. FEES: 1. Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5d of 5b block, with a minimum filing fee of \$52.50 and a maximum of \$437.50.
2. Supplemental Fee: \$138.75 (pursuant to section 607.101 F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN \$101.25 (\$52.50 + \$138.75) AND NO MORE THAN \$437.50 (\$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:
CAMPIONE, DAVID M
600 JENNINGS AVE.
EUSTIS FL 32726

10. If changed, new Registered Agent/Office:
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
Suite, Apt. # etc: _____
City: _____
State: **FL** Zip Code: _____

10a. Pursuant to the provisions of sections 620, 607.1, and 607.102, 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, 607.1, 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 P.O. Box for Post Office)	11b. City, State & Zip Code	11c. Registered Document Number
LAKESIDE MEDICAL VENTURES, I	32845 RADIO ROAD #E	LEESBURG FL 34788	P95000012338
		AR - \$437.50 SF - \$138.75 11-21-95a	

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 in this filing is true and correct, and that I am a partner, officer, director, or trustee of the partnership, or a person authorized to execute this filing on behalf of the partnership. I understand that the information supplied is a public document and that it may be made available to the public. I further certify that the information indicated on this form is complete and correct and that the signature of each partner, officer, director, or trustee is true and correct. I am a partner, officer, director, or trustee of the limited partnership, receiver or trustee, and I am authorized to execute this filing on behalf of the partnership.

SIGNATURE

Y. Hay Simon

DATE

10/3/95

Typed Name of Partner(s) (General Partner(s) only): **President of Lakeside Medical Ventures, Inc., General Partner**

(904) 589-1414 0004697

CR2E003 (6-95)