

A95000000994

Algeria
(Requestor's Name)

(Address)

222-3471
(City, State, Zip) (Phone #)

A95000000994

OFFICE USE ONLY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUN 30 PM 3:12

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

1. MDX Ltd.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☐ Pick up time _____ ☐ Certified Copy 07/06/95--01039--014
☐ Mail out ☒ Will wait ☐ Photocopy ☐ Certificate of Status
*****87.50 *****87.50

NEW FILINGS	
<input checked="" 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	

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G. TAX
FILING 52.00
R. AGENT FEE 3.50
G. COPY
TOTAL 87.50
N. BANK
BALANCE DUE
OFFICE

6/30/95

Examiner's Initials 176

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
MDX, LIMITED**

FIRST: The name of the limited partnership is:

MDX, Limited

SECOND: The business address of the limited partnership is:

1390 Main Street
Sarasota, Florida 34236

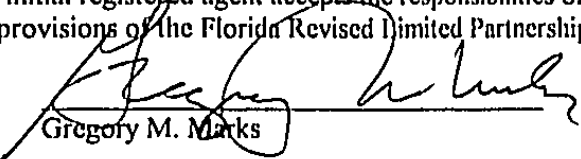
THIRD: The name of the initial registered agent for service of process is:

Gregory M. Marks

and the street address of the registered agent is:

390 Main Street
Sarasota, Florida 34236

FOURTH: The initial registered agent accepts the responsibilities of a registered agent under the provisions of the Florida Revised Limited Partnership Act.



Gregory M. Marks

FIFTH: The mailing address of the limited partnership is:

1390 Main Street
Sarasota, Florida 34236

SIXTH: The latest date the limited partnership is to dissolve is:

December 31, 2050

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SEVENTH: The name and address of the limited partnership's general partner is:

RISCORP Insurance Holdings, Inc.
1390 Main Street
Sarasota, Florida 34236

P 9400001 8087

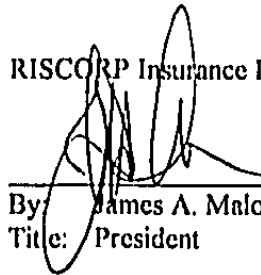
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DIVISION OF CORPORATIONS
95 JUN 30 PM 3:12

EIGHTH: The effective date of the limited partnership is:

July 1, 1995.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Limited Partnership this 29 day of June, 1995.

RISCORP Insurance Holdings, Inc.


By: James A. Malone
Title: President

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
TO
MDX, LIMITED**

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The undersigned constituting the sole general partner of MDX, Limited, a Florida limited partnership, certifies:

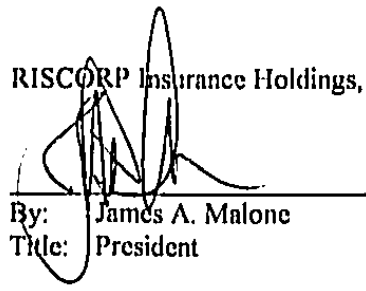
The amount of capital contributions to date of the limited partners is \$300.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$300.00.

FURTHER AFFIANT SAYETH NOT:

Under the penalties of perjury, I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct this 2 day of June, 1995.

RISCORP Insurance Holdings, Inc.


By: James A. Malone
Title: President

03-06-96 03:01PM FROM 941 951 1495

TO 19049224000

P005/006

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96 MAR -6 AM 9:55

3/06/96

FLORIDA DIVISION OF CORPORATIONS
PUBLIC ACCESS SYSTEM

((H96000003207))

ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA

FROM: RISCORP MANAGEMENT SERVICES, INC.
1390 MAIN STREET

409 EAST CAINEY STREET
TALLAHASSEE, FL 32399

SARASOTA FL 34236- 3079

FAX: (904) 922-4000

CONTACT: VEANNA J MCAHREN

PHONE: (941) 951-2022

FAX: (941) 366-0671

((H96000003207))

DOCUMENT TYPE: VOLUNTARY CANCELLATION OF LP

NAME: MDX, LIMITED

FAX AUDIT NUMBER: H96000003207

CURRENT STATUS: REQUESTED

DATE REQUESTED: 03/06/1996

TIME REQUESTED: 13:39:52

CERTIFIED COPIES: 1

CERTIFICATE OF STATUS: 0

NUMBER OF PAGES: 1

METHOD OF DELIVERY: FAX

ESTIMATED CHARGE: \$105.00

ACCOUNT NUMBER: 102521001342

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((H96000003207))

** ENTER 'M' FOR MENU. **

KWM

03-06-96 03:01PM

03-06-96 03:01PM

03-06-96 03:01PM

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03-06-96 03:01PM FROM 941 951 1495

TO 19049224000

P006/006

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CERTIFICATE OF CANCELLATION OF
CERTIFICATE OF LIMITED PARTNERSHIP OF
MDX, LIMITED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Sections 620.113 and 620.114 of the Florida Partnership Laws, the undersigned, as General Partner of MDX, LIMITED, adopts the following Certificate of Cancellation for the purpose of canceling the Certificate of Limited Partnership filed on June 30, 1995.

This Certificate of Cancellation is being filed because the partnership was never formed.

The effective date of cancellation of the Limited Partnership is the date of filing this certificate.

Under the penalties of perjury, the undersigned affirms that the facts stated herein are true this 5th day of March, 1996.

RISCORP INSURANCE HOLDINGS,
INC., General Partner

By


James A. Malone, President

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Prepared by: Vanessa J. McAhren
1390 Main Street
Sarasota, FL 34236
(941) 951-2022

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