A95000000995

Akerman
(Requestor's Name)

(Address)

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

A95000000995

OFFICE USE ONLY

P95000032222

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 PM 3:14

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

1. Riscorp Health Services, Ltd.
(Corporation Name) (Document #)
2. (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	
✓	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

300001530673
-07/06/95--01039--013
*****87.50 *****87.50

A. TAX _____
FILING 52.50
AGENT FEE 35.00
_____
87.50
ACKNOWL. DUE _____
REFUND _____

6/30/95

Examiner's Initials

CR2E031(10/92)

CERTIFICATE OF LIMITED PARTNERSHIP
OF
RISCORP HEALTH SERVICES, LIMITED

FILED
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95 JUL 30 PM 3:14

FIRST: The name of the limited partnership is

RISCORP Health Services, 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:

1390 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, 2150

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

Griffin Company, III
1390 Main Street
Sarasota, Florida 34236 P95000065653

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.

GRIFFIN COMPANY, III

By: James A. Malone
Title: President

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DIVISION OF CORPORATIONS
95 JUN 30 PM 3:15

AFFIDAVIT OF CAPITAL CONTRIBUTIONS TO RISCORP HEALTH SERVICES, LIMITED

The undersigned constituting the sole general partner of RISCORP Health Services, 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 29 day of June, 1995.

GRIFFIN COMPANY, III

By: James A. Malone
Title: President

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 B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 NOV 20 AM 10: 47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A95000000995

RISCORP HEALTH SERVICES, LIMITED

Mailing Address	Principal Office Address
1390 MAIN STREET SARASOTA FL 34236	1390 MAIN STREET SARASOTA FL 34236

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a.

2. New Mailing Address, if Applicable
Suite, Apt. #, etc.
City, State & Zip

000001649000
-11/29/95--01030--014
*****52.50 — *****52.50

2a. New Principal Office Address, if Applicable
Suite, Apt. #, etc.
City, State & Zip

000001649000
-11/29/95--01030--015
****138.75 ****138.75

3. Date Formed or Registered to Do Business in FLORIDA	**3a.** Date of Last Report	**4.** State or Country of Formation
06/30/1995		FL

5a. Capital Contributions as Shown on Record	**5b.** Amount of Capital Contributions in FLORIDA to date	**6.** FEI Number	**7.** CERTIFICATE OF STATUS REQUIRED
$300.00		65-0613713	Applied For / Not Applicable — $8.75 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 607.193, 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

MARKS, GREGORY M
1390 MAIN STREET
SARASOTA FL 34236

10. If changed, new Registered Agent/Office

Name: BROWN, DARYL
Street Address (P.O. Box Number Is Not Acceptable): Sarasota City Center
Suite, Apt. #, etc.: 1819 Main Street, Suite 1100
City: Sarasota FL Zip Code: 34236

10a. Pursuant to the provisions of sections 620.105 and 620.192, 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 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) Daryl J. Brown DATE 9/29/95

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
GRIFFIN COMPANY, III	1390 MAIN STREET	SARASOTA FL 34236	P94000065653

AR - $52.50
SF - $138.75
11-21-95

CR2E003 (6/95)

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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability ... 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; that I am a General Partner of the limited partnership or receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE [signature] DATE 10-9-95

Typed or Printed Name of General Partner Signing Form: James A. Malone, President
Telephone Number: (941) 951-2022

0003658

A95000000995

12/ FLORIDA DIVISION OF CORPORATIONS
11:56 AM
PUBLIC ACCESS SYSTEM
ELECTRONIC FILING COVER SHEET

(((H96000016862 0)))

TO: DIVISION OF CORPORATIONS FAX #:
(904)922-4000

FROM: RISCORP MANAGEMENT SERVICES, INC. ACCT#:
102521001342
CONTACT: VEANNA J MCAHREN
PHONE: (941)951-2022 FAX #:
(941)362-6122

NAME: RISCORP HEALTH SERVICES, LIMITED
AUDIT NUMBER.....H96000016862
DOC TYPE.....VOLUNTARY CANCELLATION OF LP
CERT. OF STATUS..0 PAGES..... 1
CERT. COPIES.. ...1 DEL.METHOD.. FAX
EST.CHARGE.. $105.00

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX
AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

ENTER SELECTION AND <CR>:

A95-995

Name Availability	
Document Examiner	
Updater	
Updater Verifyer	
Acknowledgement	
M. P. Verifyer	

FILED
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DIVISION OF CORPORATIONS
95 DEC -2 PM 1:53

95 DEC -2 PM 12:15

FAX AUDIT #H96-16862

CERTIFICATE OF CANCELLATION OF CERTIFICATE OF LIMITED PARTNERSHIP OF RISCORP HEALTH SERVICES, LIMITED

Pursuant to the provisions of Sections 620.113 of the Florida Revised Uniform Limited Partnership Act (1986), the undersigned, as President of the General Partner of RISCORP HEALTH SERVICES, 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 has been dissolved and the winding up of the partnership has been completed.

DATED: November 5, 1996

GRYPHUS COMPANY I, General Partner

By: _____
Jeffrey McCurdy, Vice President

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC -2 PM 1:53

STATE OF FLORIDA
COUNTY OF SARASOTA

BEFORE ME personally appeared Jeffrey McCurdy, to me well known and known to me to be the person described in and who executed the foregoing Certificate of Cancellation as Vice President of Gryphus Company I, General Partner of RISCORP HEALTH SERVICES, LTD., and acknowledges to and before me that he executed said instrument for the purposes therein expressed. He is personally known to me.

WITNESS my hand and official seal this 25th day of November, 1996, in the aforesaid County and State.

_____
Notary Public April L. Stout
My Commission Expires:

April L. Stout
MY COMMISSION EXPIRES JULY 18, 2000
#CC 568673
NOTARY PUBLIC, STATE OF FLORIDA

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

FAX AUDIT #H96-16862