

A95000 000995

Akerman

(Requestor's Name)

(Address)

(City, State, Zip)

(Phone #)

222-3471

A-9500000995

OFFICE USE ONLY

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

G. TAX

FILING

AGENT FEE

REFUND

HEARING DUE

6/30/95

Examiner's Initials

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

FILED STATE
SECRETARY OF CORPORATIONS
95 JUN 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

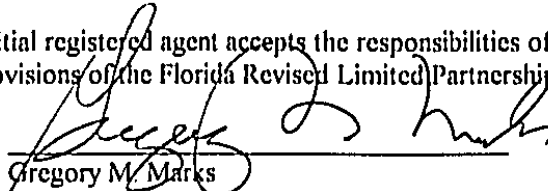
THIRD: The name of the initial registered agent for service of process is:

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

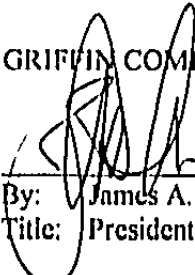
P 44000065653

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.

GRIFIN COMPANY, III


By: James A. Malone
Title: President

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
TO
RISCORP HEALTH SERVICES, LIMITED**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 PM 3:15

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

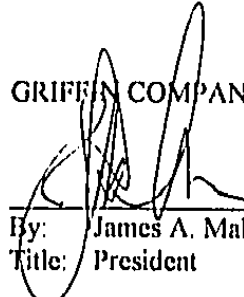
The amount of capital contributions to date of the limited partners is \$300.00.

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.

GRIFIN 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
Tallahassee, Florida
Tallahassee, Florida
DIVISION OF CORPORATIONS

1. Name of Limited Partnership
1n. DOCUMENT #
A95000000995

RISCORP HEALTH SERVICES, LIMITED

Mailing Address
**1300 MAIN STREET
SARASOTA FL 34236**

Principal Office Address
**1300 MAIN STREET
SARASOTA FL 34236**

3. Date of Report or Registered to this report
06/30/1995

3n. Date of Last Report

4. State or County of Formation
FL

5n. Capital Contributions as Shown on Report
\$300.00

5b. Amount of Capital Contributions as Shown on Report
FLORIDA to date

6. Filing Fee
65-0613713

7. CERTIFICATE OF STATUS REQUIRED
\$0.75 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 5n 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 \$101.25 (\$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 5n, 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. Registered Agent/Office
Name
BROWN, DARYL
Office Address (P.O. Box Number is Not Acceptable)
Sarasota City Center
Suite, Apt. # etc.
1819 Main Street, Suite 1100
City
Sarasota FL 34236

10a. Pursuant to the provisions of sections 620.105 and 620.102, 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 to registered agent or registered agent of 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 **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 Number)	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			

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 reported on this form is accurately furnished and does not qualify for the exemption stated in section 620.105(1)(b), Florida Statutes. I release the Division of Corporations from any liability for the information reported on this form. I further certify that the information reported on this annual report is true and correct and that my signature shall have the same legal effect as if made under oath. I further certify that I am a General Partner of the limited partnership, partnership or business organization described on this form and that I am authorized by chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

James A. Malone, President

DATE **10-9-95**

Telephone Number **(941) 951-2022**

12/15/95
11:06 AM

49500000995

FLORIDA DIVISION OF CORPORATIONS
PUBLIC ACCESS SYSTEM
ELECTRONIC FILING COVER SHEET

((H96000016862 0))

TO: DIVISION OF CORPORATIONS
(904) 922-4000

FAX #:

FROM: RISCORP MANAGEMENT SERVICES, INC.
102521001342

ACCT#:

CONTACT: VEANNA J MCAHREN
PHONE: (941) 951-2022
(941) 362-6122

FAX #:

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>:

495-995

Name	<i>Re-122</i>
Availability	
Document	<i>R</i>
Examiner	
Updater	<i>R</i>
Updater	<i>ge</i>
Verifier	
Acknowledgment	<i>ge</i>
N. P. Verifier	<i>R</i>

RECEIVED
DEC-2 PM 12:15
DIVISION OF CORPORATIONS

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

**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*
Jeffrey McCurdy, Vice President

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.

April L. Stout
Notary Public April L. Stout
My Commission Expires:

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

