A950000001044

GARRY R. SPEAR
ATTORNEY AT LAW
9660 W. Sample Road
Third Floor
Coral Springs, Florida 33065
(305) 755-9000 (305) 755-4617

VIA FEDERAL EXPRESS

July 5, 1995

900001537329
-07/13/95--01087--003
*****87.00 *****87.00

Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

FILED
1995 JUL -6 AM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Filing of Certificate and Affidavit of Limited Partnership - Health Management Partners, Ltd.

Dear Sir or Madam:

Please file the enclosed Certificate and Affidavit of Limited Partnership for Health Management Partners, Ltd. The filing fee of $52.00, and the designation of registered agent fee of $35.00 is enclosed.

Thank you for your assistance in this matter.

Sincerely,

Garry R. Spear
Attorney at Law

Enclosure
cc: file

Name Availability	7/12/95
Document Examiner	
Updater	
Updater Verifyer	
Acknowledgement	JCC
W. P. Verifyer	JCC

A950000001044

C. TAX
F 87.50
REFUND

CERTIFICATE AND AFFIDAVIT OF LIMITED PARTNERSHIP

OF

HEALTH MANAGEMENT PARTNERS, LTD.

THIS CERTIFICATE OF LIMITED PARTNERSHIP, dated July 5, 1995, has been executed and is filed pursuant to Section 620.108 of the Florida Revised Limited Partnership Act (the "Act") to form a limited partnership under the Act.

1. Name. The name of the limited partnership is **HEALTH MANAGEMENT PARTNERS, LTD.**

2. Registered Office; Registered Agent. The address of the registered office and the name and address of the registered agent for service of process is:

HMP, Inc.
9660 W. Sample Road
Third Floor
Coral Springs, Florida 33065

FILED
1995 JUL -6 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3. Mailing Address and Principal Office. The mailing address for the limited partnership and the address of the principal office in the United States where records are to be kept or made available is:

9660 W. Sample Road
Third Floor
Coral Springs, Florida 33065

4. General Partner. The names, the mailing addresses, and the street addresses of the business of the general partner is:

P95000053600

HMP, Inc.
9660 W. Sample Road
Third Floor
Coral Springs, Florida 33065

5. Partnership Term. The latest date upon which the limited partnership is to exist is December 31, 2044, unless sooner dissolved by written consent.

6. Capital Contributions. The initial capital contributions and anticipated capital contributions of the limited partners shall aggregate $100.00.

EXECUTED on the date written first above.

Witnesses:

GENERAL PARTNER:

President
HMP, Inc.
General Partner

STATE OF FLORIDA

COUNTY OF BROWARD

SUBSCRIBED AND SWORN TO before me by Douglas A. Miller, as President of HMP, Inc., as general partner, this 5 day of July, 1995. He is personally known to me has produced a Florida driver's license as identification and did take an oath.

Notary Public
State of Florida

My commission expires:

NOTARY PUBLIC STATE OF FLORIDA
GLORIA H. CARRANZA
COMMISSION # CC 471353
EXPIRES JUN 30, 1999
BONDED THRU
ATLANTIC BONDING CO., INC.

FILED
1995 JUL -6 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

Pursuant to Section 620.105(2), Florida Statutes, the following is submitted, in compliance with said Section:

That HEALTH MANAGEMENT PARTNERS, LTD., desiring to organize under the laws of the State of Florida, has named HMP, Inc., located at 9660 W. Sample Road, Third Floor, Coral Springs, Florida 33065, as its agent to accept services of process within this state.

ACKNOWLEDGEMENT:

Having been named to accept service of process for the above stated Limited Partnership, at the place designated in this certificate, HMP, Inc., hereby agrees to act in this capacity, and agrees to comply with the provisions said Act relative to keeping open said office.

Dated this 5th day of July, 1995

HMP, INC.

President

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1995 JUL -6 AM 10:00
SECRETARY OF STATE
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

DIVISION OF CORPORATIONS

FILED

1995 NOV 14 PM 3: 36

SEC[illegible] TATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

HEALTH MANAGEMENT PARTNERS, LTD.

1a. DOCUMENT #
A95000001044

DO NOT WRITE IN THIS SPACE

Mailing Address
9000 W. SAMPLE ROAD, THIRD FLOOR
CORAL SPRINGS FL 33065

Principal Office Address
9000 W. SAMPLE ROAD, THIRD FLOOR
CORAL SPRINGS FL 33065

2. New Mailing Address if Applicable: c/o The Exchange
Suite, Apt # etc: #110, 3323 W. Commercial Blvd
City, State & Zip: Ft. Lauderdale FL 33309

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

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

3. Date Formed or Registered to Do Business in FLORIDA: 07/06/1995

3a. Date of Last Report

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on Record: $100.00

5b. Amount of Capital Contributions in FLORIDA to date

6. FEI Number

7. CERTIFICATE OF STATUS REQUIRED
☒ Applied For
Not Applicable
$8.75 Additional Fee required for a Certificate of Status

[illegible]
*11/20/95--01050--022
****138.75 ****138.75

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 $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

HMP, INC.
9660 W. SAMPLE ROAD, THIRD FLOOR
CORAL SPRINGS FL 33065

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

[illegible]
*11/20/95--01050--021
*****52.50 *****52.50

10a. Pursuant to the provisions of sections 620.1051 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) 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
HMP, INC.	9660 W. SAMPLE ROAD,	CORAL SPRINGS FL 3306	P95000053600

AR - $52.50
SF - $138.75
11-14-95 ca

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non compliance with Section 119.07(3)(i) 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 effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE [signature]

DATE 10-23-95

Typed or Printed Name of General Partner Signing Form: Doug Miller, President of the General Partner

Telephone Number (305)

0005346