

# A95000001080

(Requestor's Name)  
**CSC NETWORKS**  
 (Address)  
**JAYLATHASSER PL**  
 (City, State, Zip) (Phone #)

OFFICE USE ONLY

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 95 JUL 14 PM 4:18

7000015427  
 -07/20/95--01084--016  
 \*\*\*1837.50 \*\*\*1837.50

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

1. Emc Hospital, LTD. 495A00074203  
 (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

JULY 14 1995

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

G. TAX \_\_\_\_\_  
 FILING 17.50  
 R. AGENT FEE 25.00  
 C. COPY 57.00  
 TOTAL 100.00  
 N. BANK \_\_\_\_\_  
 BALANCE DUE \_\_\_\_\_  
 RECEIVED \_\_\_\_\_

7/17/95

Examiner's Initials BZ

CERTIFICATE OF LIMITED PARTNERSHIP OF  
FMC Hospital, Ltd.

The undersigned general partner of FMC Hospital, Ltd., a Florida limited partnership (the "Partnership"), desiring to adopt a certificate of limited partnership of FMC Hospital, Ltd. (the "Certificate") pursuant to Section 620.108 of the Florida Revised Uniform Limited Partnership Act (1986), hereby states the following:

1. The name of the Partnership is "FMC Hospital, Ltd."
2. The name and address of the agent for service of process on the Partnership is Corporation Service Company, 1201 Hays Street, Tallahassee, Florida 32301.
3. The name and business address of the sole General Partner is FMC Center, Inc., a Florida corporation, 5000 West Oakland Park Boulevard, Fort Lauderdale, Florida 33313.
4. The mailing address of the Partnership is 3401 West End Avenue, Suite 700, Nashville, Tennessee 37203.
5. The latest date upon which the Partnership shall dissolve is December 31, 2045. This Certificate shall be effective upon the date of filing with the Department of State of Florida.

The execution of this Certificate by the undersigned general partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, this Certificate has been executed by the General Partner of the Partnership this 13 day of July, 1995.

FMC Hospital, Ltd.  
a Florida limited partnership

By: FMC Center, Inc.  
General Partner

By: 

Name: Richard A. Parr, II  
Title: Vice President and  
Assistant Secretary

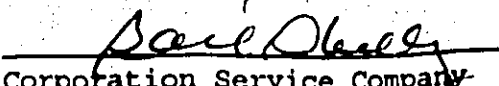
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95 JUL 14 PM 4:18

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as the registered agent for FMC Hospital, Ltd., a Florida limited partnership (the "Partnership"), in the foregoing Certificate of Limited Partnership of the Partnership, I hereby agree to accept service of process for said Partnership and to comply with all statutes relative to the complete and proper performance of the duties of the registered agent.

Dated: July 14, 1995.

  
Corporation Service Company  
Registered Agent  
Gail Shelby, As Agent

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STATE OF FLORIDA)

COUNTY OF DADE)

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DIVISION OF CORPORATIONS  
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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned, Richard A. Parr, II, Vice President and Assistant Secretary of FMC Center, Inc., a Florida corporation, and the General Partner of FMC Hospital, Ltd., a Florida limited partnership hereinafter referred to as the "Partnership", who upon being duly sworn, certifies as follows:

The actual amount of capital contributed to the Partnership by the Limited Partners is \$ 100. The anticipated amount of capital contributions (including the actual amount of capital contributed by the Limited Partners) to the Partnership by the Limited Partners is \$ 5,000,000.

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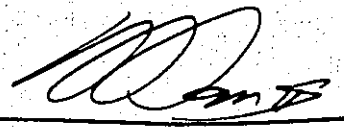
FURTHER AFFIANT SAYETH NOT.

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

FMC Hospital, Ltd., a Florida  
limited partnership

By: FMC Center Inc., as General  
Partner

By:

  
Name: Richard A. Parr, II  
Title: Vice-President and  
Assistant Secretary

1204 HAYS STREET  
TALLAHASSEE, FL 32304

800-342-8086

A95000001080



ACCOUNT NO. : 0721000000032

REFERENCE : 750959 4135A

AUTHORIZATION : *Patricia Page*

COST LIMIT : \$ 105.00

ORDER DATE : December 1, 1995

ORDER TIME : 10:37 AM

ORDER NO. : 750959

CUSTOMER NO: 4135A

200001651112

CUSTOMER: Ana Salas, Esq  
Steel Hector & Davis  
41st Floor, Ste. 4000  
200 S. Biscayne Boulevard  
Miami, FL 33131-2398

DOMESTIC AMENDMENT FILING

NAME: FMC HOSPITAL, LTD.

XX ARTICLES OF AMENDMENT  
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jennifer Moran

EXAMINER'S INITIALS: *BK*

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95 DEC -5 AM 11:14

*12/5/95*

**Paul Hunter & Sons**  
Real Estate

Ann L. Seals  
688 677-9282

December 4, 1995

**VIA FACSIMILE**

Mr. Buck Kohr  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Re: FMC Hospital, Ltd. (the "Partnership")

Dear Mr. Kohr:

The Partnership intends to file its 1996 Annual Report which is due by December 31, 1995.

Sincerely,

*Ann L. Seals*

Ann L. Seals

ALS/dma  
cc: Harry Friedman, P.A.

MIA9510/14684-1

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SECRETARY OF CORPORATIONS  
95 DEC -5 PM 11:14

Main Office  
418 West  
200 South Mangrove Boulevard  
Tallahassee, FL 32301-6000  
(904) 677-7000  
Fax: (904) 677-7001

West Palm Beach Office  
1000 Florida Power Plaza  
777 South Flagler Drive  
West Palm Beach, FL 33401-0100  
(407) 833-7000  
Fax: (407) 833-7000

Tallahassee Office  
618 West  
618 South Mangrove  
Tallahassee, FL 32301-1000  
(904) 677-2000  
Fax: (904) 677-0110

CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
FMC HOSPITAL, LTD.

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Pursuant to the provisions of section 620.109, Florida Statutes, this Florida Limited Partnership, whose certificate was filed with the Florida Department of State on July 14, 1995 (the "Limited Partnership Certificate"), adopts the following certificate of amendment to the Limited Partnership Certificate:

F93000003010

**FIRST:** Amendment: Article Three of the Limited Partnership Certificate is amended to read in its entirety as follows:

3. The name and business address of the sole General Partner is FMC Center, Inc., a Delaware corporation, 5000 West Oakland Park Boulevard, Fort Lauderdale, Florida 33313.

**SECOND:** Effective Date: This certificate of amendment shall be effective at the time of its filing with the Florida Department of State.

**THIRD:** Signatures:

Signature of current general partner:

FMC MEDICAL, INC., a Florida corporation  
(f/k/a FMC CENTER, INC., a Florida corporation)



Name: Richard A. Parr, II  
Title: Vice President and  
Assistant Secretary

Signature of new general partner:

FMC CENTER, INC., a Delaware corporation



Name: Richard A. Parr, II  
Title: Vice President and  
Assistant Secretary