

A95000001132

LAW OFFICES OF
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EARL E. MAYER, JR.*
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* Federal Tax Counsel to the Firm
Admitted in Ohio Only, Practice Limited
to Matters of Federal Tax Law

FILED
JUL 26 PM 2:36
TALLAHASSEE, FLORIDA

July 20, 1995

Secretary of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

200001544842
-07/25/95--01032--002
***315.00 ***315.00

Re: Parent Partnership, Ltd.

Dear Sir/Madam:

Enclosed please find an original and one copy of the Certificate of Limited Partnership and Affidavit of Capital Contributions for the above referenced limited partnership. Please file the originals and return the copies stamped with the date and time the documents have been accepted for filing. I have enclosed a self-addressed, stamped envelope for the return of the requested documents, along with our client's check in the amount of \$315.00 to cover the required filing fee.

Should you have any questions, please do not hesitate to contact me.

Sincerely,



Eric M. Sauerberg

EMS:rjc
Enclosures

laquis\ltras\certpar.ltr

7-25-95aw

overpaid
\$2.80

CERTIFICATE OF LIMITED PARTNERSHIP
OF
PARENT PARTNERSHIP, LTD.

FILED
85 JUL 26 PM 2:38
TALLAHASSEE, FLORIDA

1. PARENT PARTNERSHIP, LTD. A95000001132
(Name of Limited Partnership; must contain suffix such as
"Limited", "Ltd.", or "Limited Partnership")
2. 10168 W. Sample Road, Coral Springs, Florida 33065
(The Business Address of the Limited Partnership)
3. GEORGE A. LAQUIS, M.D.
(Name of Registered Agent for Service of Process)
4. 10168 W. Sample Road, Coral Springs, Florida 33065
(Florida Street Address for Registered Agent)
5. [Signature]
(Registered Agent must sign here to accept designation as
Registered Agent for Service of Process)
6. 10168 W. Sample Road, Coral Springs, Florida 33065
(The Mailing Address of the Limited Partnership)
7. The latest date upon which the Limited Partnership is to be
dissolved is January 1, 2044.
- | 8. NAME OF GENERAL PARTNER(S) | SPECIFIC ADDRESS |
|------------------------------------|--------------------------------|
| <u>PARENT PARTNERSHIP GP, INC.</u> | <u>10168 W. Sample Road</u> |
| | <u>Coral Springs, FL 33065</u> |

Signed this 29th day of June, 1995.

Signature of all General Partners:

PARENT PARTNERSHIP GP, INC.

By: [Signature]
GEORGE A. LAQUIS, M.D., President

GENERAL PARTNER

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

FILED
JUL 24 1995
TALLAHASSEE, FL

BEFORE ME, the undersigned constituting all of the general partners of PARENT PARTNERSHIP, a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is \$0.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$39,600.

This 29th day of June, 1995.

FURTHER AFFIANT SAYETH NOT.

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

GENERAL PARTNER:

PARENT PARTNERSHIP GP, INC.

By: 

GEORGE A. LAQUIS, M.D.,
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 Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 JAN -2 PM 4 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

1a. DOCUMENT #
A95000001132

PARENT PARTNERSHIP, LTD.

96-AR
CM

Mailing Address

10100 W. SAMPLE ROAD
CORAL SPRINGS FL 33065

Principal Office Address

10100 W. SAMPLE ROAD
CORAL SPRINGS FL 33065

2. New Mailing Address, If Applicable

Suite, Apt. #, etc.

City, State & Zip

30000 1685543

2a. New Principal Office Address, If Applicable

07/10/96 01144 012
0000415.90 0000415.90

Suite, Apt. #, etc.

City, State & Zip

3. Date Formed or Registered to Do Business in
FLORIDA

07/24/1995

3a. Date of Last Report

4. State or Country of Formation

FL

5a. Capital Contributions as Shown
on Record

\$30,000.00

5b. Amount of Capital Contributions in
FLORIDA to date:

6. FEI Number

65-9600091

Applied For

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

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 807.193, 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

JAGUS, GEORGE A M.D.
10100 W. SAMPLE RD.
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

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
PARENT PARTNERSHIP GP, INC.	10100 W. SAMPLE ROAD	CORAL SPRINGS FL 33065	P0000000016

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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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 670, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

Telephone Number

CR2E003 (6/95)