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FLORIDA DEPARTMENT OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

DIVISION OF CORPORATIONS

FILED

98 AUG -3 PM 4: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **A95000001142**

1. Name of Limited Partnership

Greater Miami Medical Group, Ltd.

DO NOT WRITE IN THIS SPACE

2. Mailing Address

25 S.E. 2nd Ave.

3. Principal Office Address

25 S.E. 2nd Ave.

Suite, Apt. #, etc.
Suite 1105

Suite, Apt. #, etc.
Suite 1105

City & State
Miami, FL

City & State
Miami, FL

Zip Country
33131 USA

Zip Country
33131 USA

4. Date Formed or Registered
To Do Business in Florida

2/8/95

5. FEI Number

65-0598174

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. State or Country of Formation

Florida

8a. Capital Contributions as Shown
on Record:

3,004,000.00

8b. Amount of Capital Contributions in
FLORIDA to date

FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent

Stanley H. Kuperstein, Esq.
1428 Brickell Ave.
6th floor
Miami, FL 33131

10. If changed, new registered agent/office

Name

M. Lewis Hall, Jr., Esq.

Street Address (P.O. Box Number is Not Acceptable)

c/o Hall & Hedrick, 25 S.E. 2nd Ave.

Suite, Apt. #, etc.

Miami, FL

City

Miami

FL

Zip Code

33131

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)

M. Lewis Hall, Jr.

DATE

7/29/98

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Names of General Partner(s)

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

City, State and Zip Code

11a. Registration
Document Number

GMMG, Inc.

25 S.E. 2nd Ave.
#1105

Miami, FL
33131

A95-50654

REINSTATEMENT

98
R 8-3

FF # 1026.25

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-08/05/98--01120--005
***3703.25 ***1025.75

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 620, Florida Statutes.

SIGNATURE

Charles Virgin
Charles Virgin, M.D., Director

DATE

7/30/98

305-285-0162

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