

A95000001213

Document Number Only

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1995 AUG 15 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, Florida 32301

City

State

Zip

Phone

904-222-1092

CORPORATION(S) NAME

RECEIVED
95 AUG 15 PM 12:04
DIVISION OF CORPORATION

Atlantis Medical Center II Limited
Partnership

- | | | |
|---|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Fictitious Name |
| <input checked="" type="checkbox"/> Certified Copy | | <input type="checkbox"/> CUS/ G/S |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call # Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name
Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

8/15/95
3:00

PLEASE RETURN EXTRA COPY(S)
FILE STAMPED

Validation on
Next Page
effective date
8-17-95

ROGERS, BOWERS, DEMPSEY AND PALADINO

ATTORNEYS

FLAGLER CENTER TOWER
505 SOUTH FLAGLER DRIVE
SUITE 1330
WEST PALM BEACH, FLORIDA 33401

ROBERT O. ROGERS
DAVID E. BOWERS
W. GLENN DEMPSEY
RICHARD PALADINO

TELEPHONE (407) 655-8980
TELECOPIER (407) 655-9480

August 3, 1995

Secretary of State
Corporate Records Bureau
Division of Corporations
Department of State
P.O. Box 6327
Tallahassee, Florida 32301

800001554608
-08/08/95--01035--001
***1837.50 ***1837.50

In Re: Atlantis Medical Center II Limited Partnership

Dear Sir:

Enclosed you will find for filing with the Secretary of State's office the Certificate of Limited Partnership, Affidavit and Appointment of Registered Agent for Atlantis Medical Center II Limited Partnership. Also enclosed is a check in the amount of \$1,837.50, in payment of the following fees:

Filing fee for Certificate of Limited Partnership	\$1,750.00
Filing fee for Registered Agent Certificate	35.00
Certified Copy Fee	<u>52.50</u>
TOTAL	<u>\$1,837.50</u>

The additional copy of the Certificate of Limited Partnership should be certified, and then returned to my office in the enclosed envelope.

Thank you for your assistance in this matter.

Sincerely,

ROGERS, BOWERS, DEMPSEY AND PALADINO

Richard Paladino
Richard Paladino

RP/srd
Enclosures

~~675000015910~~

~~4789,656,6711~~

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

August 8, 1995

**RICHARD PALADINO, ESQUIRE
ROGERS, BOWERS, DEMPSEY AND PALADINO
505 SOUTH FLAGLER DR., STE. 1330
WEST PALM BEACH, FL 33401**

**SUBJECT: ATLANTIS MEDICAL CENTER II LIMITED PARTNERSHIP
Ref. Number: W95000015910**

We have received your document for ATLANTIS MEDICAL CENTER II LIMITED PARTNERSHIP and your check(s) totaling \$1837.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 620.108, Florida Statutes, requires the affidavit include the amount of capital contributions of the limited partners and the amount anticipated to be contributed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6920.

**Ava Watson
Corporate Specialist**

Letter Number: 295A00037108

effective date
8-17-95 A95000001213

**CERTIFICATE OF LIMITED PARTNERSHIP
ATLANTIS MEDICAL CENTER II LIMITED PARTNERSHIP**

1. The name of the partnership is ATLANTIS MEDICAL CENTER II LIMITED PARTNERSHIP.
2. The address of the Partnership's office is c/o Atlantis Physicians II, Inc., Radiology Department, J.F.K. Medical Center, 5301 South Congress Avenue, Atlantis, FL 33462.
3. The name and address of the agent for service of process is HOWARD G. BUTLER, President of General Partner: Atlantis Physicians II, INC., Radiology Department, J.F.K. Medical Center, 5301 South Congress Avenue, Atlantis, FL 33462.
4. The name and business address of the general partner is:

Atlantis Physicians II, Inc.
Radiology Department
J.F.K. Medical Center
5301 South Congress Avenue
Atlantis, FL 33462.
5. The mailing address for the Limited Partnership is Atlantis Physicians II, Inc., Radiology Department, J.F.K. Medical Center, 5301 South Congress Avenue, Atlantis, FL 33462.
6. The latest date upon which the Limited Partnership is to dissolve is December 31, 2025.
7. The Limited Partnership shall be effective on August 17, 1995.

This Certificate of Limited Partnership of Atlantis Medical Center II Limited Partnership has been executed on the 2nd day of August, 1995. By such execution, the general partner whose signature

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TALLAHASSEE, FLORIDA

is set forth below hereby affirms, under penalties of perjury, that
the facts stated herein are true.

GENERAL PARTNER:

ATLANTIS PHYSICIANS II, INC., a Florida
corporation

By:

Howard C. Butler
HOWARD C. BUTLER, President

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TALLAHASSEE, FLORIDA

AFFIDAVIT

The undersigned, as general partner of Atlantis Medical Center II Limited Partnership, pursuant to Florida Statute Section 620.108(1) hereby attests to the following:

1. The total amount anticipated to be contributed by the limited partners of Atlantis Medical Center II Limited Partnership is \$700,000.00.

2. The amount contributed to date by the limited partners is \$7,000.00. By its execution, the general partner whose signature is set forth below, hereby affirms, under the penalties of perjury that the facts stated herein are true.

GENERAL PARTNER:

ATLANTIS PHYSICIANS II, INC., Florida
corporation

By: Howard G. Butler

HOWARD G. BUTLER, President

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TALLAHASSEE FLORIDA

STATE OF FLORIDA)

COUNTY OF PALM BEACH)

s.s.

I HEREBY CERTIFY that on this day before me, an officer duly qualified to take acknowledgements, personally appeared HOWARD G. BUTLER, President of Atlantis Physicians II, Inc. who is either personally known to me or who produced his ~~as identification~~ and who did not take an oath, and that he executed the foregoing instrument, and acknowledged before me that he executed the same freely and voluntarily for the purposes therein expressed.

WITNESS, my hand and official seal, in the state and county aforesaid, this 2nd day of August, 1995.



OFFICIAL SEAL
RICHARD PALADINO
My Commission Expires
Feb. 11, 1996
Comm. No. CC 179720

Richard Paladino
Notary Public, State of Florida

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

ATLANTIS MEDICAL CENTER II LIMITED PARTNERSHIP desiring to
organize under the laws of the State of Florida with its principal
office located in the City of Atlantis, County of Palm Beach, State
of Florida, has named HOWARD G. BUTLER, President of General
Partner Atlantis Physicians II, Inc., whose address is Radiology
Department, J.F.K Medical Center, 5301 South Congress Avenue,
Atlantis, FL 33462, as its agent to accept service of process
within this state.

ACKNOWLEDGEMENT:

Having been named as the registered agent for the above stated
Partnership at the place designated in this Certificate, I hereby
agree to act in this capacity, and agree to comply with the
provisions of laws of the State of Florida relative to keeping open
said office.

Dated: August 2, 1995


HOWARD G. BUTLER

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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
Sandra Northerm
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 JAN -2 PM 5:00

B-7

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

1a. DOCUMENT #
A95000001213

ATLANTIS MEDICAL CENTER II LIMITED PARTNERSHIP

Mailing Address

C/O ATLANTIS PHYSICIANS II, INC.
5301 SOUTH CONGRESS AVE.
ATLANTIS FL 33412

Principal Office Address

C/O ATLANTIS PHYSICIANS II, INC.
5301 SOUTH CONGRESS AVE.
ATLANTIS FL 33412

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
02/17/1985

3a. Date of Last Report

4. State or Country of Formation
FL

5a. Capital Contributions as Shown
on Record
\$700,000.00

5b. Amount of Capital Contributions in
FLORIDA to date
700,000.00

6. FEI Number
65-0614500

Applied For

7. CERTIFICATE OF STATUS REQUIRED

Not Applicable

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 607.183, 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

BUTLER, HOWARD G
ATLANTIS PHYSICIANS II, INC.
5301 SOUTH CONGRESS AVE.
ATLANTIS FL 33412

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

ATLANTIS PHYSICIANS II, INC.

5301 SOUTH CONGRESS A

ATLANTIS FL 33412

FR00004135

100001686151
-01/11/96--01015--014
***576.25 ***576.25

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

DATE

12/22/95

Typed or Printed Name of General Partner Signing Form Howard Butler, Pres. Atlantis Physicians II, Inc. 407-655-8200

CR2E003 (6/95)