## 0000165 PRENDOMERALL LEGAL & PINANCIAL NERVICES

ACCOUNT NO. : 0721000000032

REFERENCE: 722171

87551A

AUTHORIZATION :

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S45A UNV49050

COST LIMIT :

ORDER DATE : November 1, 1995

ORDER TIME : 1:27 PM

ORDER NO. 722171

CUSTOMER NO: 87551A

CUSTOMER: Ms. Laura Varney

LAWRENCE B. JURAN, PA

Suite 100

1200 Corporate Center Way Wellington, FL 33414

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NAME:

PALM COURT MEDICAL EQUITY

INVESTORS, LTD.

ARTICLES OF INCORPORATION

\_\_CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

\_ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Gail L. Shelby

EXAMINER'S INITIALS:

## CERTIFICATE OF LIMITED PARTNERSHIP OF PALM COURT MEDICAL EQUITY INVESTORS, LTD.

The undersigned certifies as follows with respect to Palm.
Court Medical Equity Investors, Ltd., a limited partnership to be formed under the laws of the State of Florida:

- 1. Name of Partnership. The name of the Partnership is Court Medical Equity Investors, Ltd.
- 2. Office: Agent. The address of the office of the Partnership is 1200 Corporate Center Way, Suite 100, Wellington, FL 33414. The name and address of the agent for service of process is Dasco Development Corporation, 1200 Corporate Center Way, Suite 100, Wellington, Florida 33414.
- Palm Court Medical Equity Corporation, a Florida corporation, 1200 Corporate Center Way, Suite 100, Wellington, FL 33414, and its business is acting as General Partner of the Partnership.
  - 4. Mailing Address. The mailing address of the Partnership is 1200 Corporate Center Way, Suite 100, Wellington, FL 33414.
  - 5. Termination. The latest date on which the Partnership is to dissolve is December 31, 2096.

PALM COURT MEDICAL EQUITY CORPORATION A PROPERTY OF THE PROPER

STATE OF FLORIDA

SS

COUNTY OF PALM BEACH

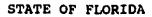
Be it known that on the Am day of Am day of the State and County aforesaid, personally came Donald A. Sands, Vice President of Palm Court Medical Equity Corporation, a Florida corporation. He is personally known to me and did not take an oath.

Notary Public

My Commission Expires:

LAURA VAINEY
MY COMMISSION # CO 435845
EXPIRES: 1824 - 350
Bonded The included a conservations

#### **AFFIDAVIT**



SS

COUNTY OF PALM DEACH

The undersigned, Donald A. Sands ("Affiant"), being first duly cautioned and sworn, deposes and says that:

- 1. Affiant is the Vice President of Palm Court Medical Equity Corporation, a Florida corporation, which is the sole general partner of Palm Court Medical Equity Investors, Ltd. (the "Partnership"), a limited partnership formed under the laws of the State of Florida.
- 2. In connection with the formation of the Partnership, Affiant hereby declares that the capital contributions of the limited partners are anticipated to total \$1,000.

FURTHER AFFIANT SAYETH NAUGHT.

IN WITNESS WHEREOF, the undersigned, on behalf of the Partnership, has set his hand and seal this 30th day of OCTOBEL , 1995.

Donald A. Sands, Vice President

STATE OF FLORIDA

SS

COUNTY OF PALM BEACH

Subscribed, sworn to and acknowledged before me this day of \_\_\_\_\_\_, 1995 by Donald A. Sands, in his capacity as Vice President of Palm Court Medical Equity Corporation, a Florida corporation. He is personally known to me and did not take an oath.

My Commission Expires:

Notary Publi

ARNEY % mioSiON # CC 435845 JOHES: May 4, 1999 shaed Thru Housey Public Underwitten

#### ACCEPTANCE OF REGISTERED AGENT

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED PARTNERSHIP AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. TO FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF SECTION 607.0505 FLORIDA STATUTES AND WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Registered Agent:

DASCO Development Corporation,

Florida corporation

By:

Donald A. Sands, Chief

Executive Officer

SECRETARY OF STATE ON SISTON OF CORPORATION OF CORPORATION OF STATE OF CORPORATION OF CORP

# FILE OF ON SEPTIME 21, 1885 OF POSITIONS OF WILL SE SUCCESS TO REVOCATION AND SOOD PENALTY FEE

LIMITED PARTNERSHIP



FLOTIDA DEPARTMENT OF STATE

### FILED

1996	Secretary DIVISION OF CO	✓ State		DEC 27 PH	
1. tank of this partners of	A 9 5 0 0 0 0 0 1/2 5 L/			ECRETARY OF LLAHASSEE.	STATE FLORI <b>da</b>
Palm Cour T Medical En	PUITY INVOSTOR	5, L rol		NOT IN DISE OF THE PO	
			2. New Making Address	NOT WRITE IN THIS SP If Applicable	ACE
Making Address			Suite Apt # etc	لنناتات	680731
	Principal Office Address			01./05/96=-1 ***2400.00	11109001 ****200.80
1200 Corporate Center Way Sulte 100	enter Way	28. New Principal Office Address. If Applicable			
West Palm Beach, FL 33414	Suite 100 West Palm Beach	FL 93414	Suite Apt # etc	<del></del>	
3. Date Formed of Registered to Do Business in FLORIDA  3. Date Formed of Registered to Do Business in FLORIDA  3. Second Secon		Country of Formation	City State & Zip		
11-1-95	<u></u>	_	Say State to E.g.		
. 1	Capital Contributions in 6, FELTA, to date	hpbii	C Kppilea For	7. CERTIFICATE C	F STATUS REQUIRED []
P FEES IN ELLE COMMANDE			Not Applicable		
8. FEES: 1.) Fixing Fee. Computed at a rate of \$7 per \$1,000 on amount entered in 5b or \$a if \$b b ank, with a minimum filling 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 \$191.23 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75) If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavil must be submitted along with a separate and appropriate filling fee MAKE CHECK PAYABLE TO FLORIDA DEPT OF STATE.					
9, Name and Address of Current Registered Agent			10. If changed new Registered Agent/Office		
Da 500 Development Corperation 1200 Corporate Center Way Suite 100 West Palm Beach, FL 33414					
			II Number is Not Acceptable)		
	City	FL Zn Code			
10a. Pursuant to the provisions of sections 620 1051 and 63 for the purpose of changing its registered office or registered office or registered office or registered that a familiar with, and accept the obligations of	istered agent. If both in the State of Flori	t limited partnership organi da. Such change was auth	ved or registered under the l orized by its general partner	laws of the State of Flore (s). I hereby accept the a	la submils this statement appointment of registered
SIGNATURE (Registered Agent Accepting Appointment)				DATE	
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Narre(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Box		City, State & Zip Code	11c.	Registration/ Document (Jumber
Palm. Court Medical Equity Corporation	1200 Corporate Conter Way Well: Suite 100		9707/52 3:		889 C 2881C
•	:			4 7	OC CREEGOS
•				**	
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 filling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 release the Division of Corporations from any liability of non-compliance with Section 119 07(3)(k) in the event that the information indicated on this annual result is true and accurate and that my signific shall have the same legal effects up it 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 an equipped by maplify 620 Florida Statutes. For Palmi Court 1/2 of ical Equity. Corp					
SIGNATURE Challet 12-14.45					
Typed or Printed Name of Ger Val Partner Signing Form Danald A Sound 5, V.P. Telephone Number					