

1201 HAYS STREET  
TALLAHASSEE, FL 32301

800-342-8086

**A 950000 1655**



ACCOUNT NO. : 072100060032

REFERENCE : 722171 87551A

AUTHORIZATION :

COST LIMIT : \$

*Patricia P.*  
87.50

ORDER DATE : November 1, 1995

ORDER TIME : 11:26 AM

ORDER NO. : 722171

600001626296

CUSTOMER NO: 87551A

CUSTOMER: Ms. Laura Varney  
LAWRENCE B. JURAN, PA

Suite 100  
1200 Corporate Center Way  
Wellington, FL 33414

DOMESTIC FILING

NAME: PALM COURT 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: 11/1/95 Bjr

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DIVISION OF CORPORATIONS  
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CERTIFICATE OF LIMITED PARTNERSHIP OF  
PALM COURT INVESTORS, LTD.

The undersigned certifies as follows with respect to Palm Court 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 Palm Court 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.

3. General Partner. The name of the sole General Partner is Palm Court Medical Equity Investors, Ltd., a Florida limited partnership, 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 INVESTORS,  
LTD., a Florida limited partnership,  
General Partner

By:

*Donald A. Sands*  
Donald A. Sands, Vice President,  
Palm Court Medical Equity  
Corporation, General Partner

STATE OF FLORIDA )

COUNTY OF PALM BEACH )

SS

Be it known that on the 30th day of October, 1995 before me, a duly authorized notary in and for 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.

*Laura Varney*  
Notary Public

My Commission Expires:



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**AFFIDAVIT**

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STATE OF FLORIDA                    )  
  ) SS  
COUNTY OF PALM BEACH            )

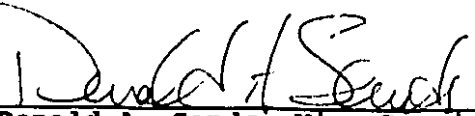
The undersigned, Donald A. Sands ("Affiant"), being first duly cautioned and sworn, deposes and says that:

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., a Florida limited partnership, which is the sole general partner of Palm Court 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 30<sup>th</sup> day of OCTOBER, 1995.

  
Donald A. Sands, Vice President

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STATE OF FLORIDA                    )  
  ) SS  
COUNTY OF PALM BEACH            )

Subscribed, sworn to and acknowledged before me this 30<sup>th</sup> day of October, 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.

  
Notary Public

My Commission Expires:



**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. I 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, a  
Florida corporation

By:



Donald A. Sands, Chief  
Executive Officer

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FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$800 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra Matham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
95 DEC 27 PM 3:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership: **Palm Court Investors Ltd**  
1a. DOCUMENT # **495000001655**

Mailing Address: **1200 Corporate Center Way Suite 100 West Palm Beach, FL 33414**  
Principal Office Address: **1200 Corporate Center Way Suite 100 West Palm Beach, FL 33414**  
If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a.

2. New Mailing Address, if Applicable: **000001680730**  
Suite, Apt. #, etc.: **-01/95/96--01109--001**

City, State & Zip: **\*\*\*24807-00 \*\*\*200-00**

2a. New Principal Office Address, if Applicable:

Suite, Apt. #, etc.:

City, State & Zip:

3. Date Formed or Registered to Do Business in FLORIDA: **11-1-95**  
3a. Date of Last Report:

4. State or Country of Formation: **FL**

5a. Capital Contributions as Shown on Record: **1,000**

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

6. FEI Number:

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 607.193, 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:

**Oasco Development Corporation**  
**1200 Corporate Center Way**  
**Suite 100**  
**West Palm Beach, FL 33414**

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  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

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
<b>Palm Court Medical Equity Investors Ltd</b>	<b>1200 Corporate Center Way Suite 100</b>	<b>Willington, FL 33414</b>	<b>495000001654</b> <b>\$200.00</b>

**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 119.071(3)(a), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.071(3)(a) 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 600, Florida Statutes.

SIGNATURE: **Donald A. Sandberg**

DATE: **12-14-95**

Typed or Printed Name of General Partner Signing Form: **Donald A. Sandberg, V.P.**

Telephone Number: \_\_\_\_\_

CR2E003 (6/95)