

1201 HAYS STREET
TALLAHASSEE, FL 32301

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PRESTICE HALL
LEGAL & FINANCIAL SERVICES

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SECRETARY OF CORPORATIONS
DIVISION
95 NOV - 1 PM 4:03

ACCOUNT NO. : 072100000032

REFERENCE : 722171 87551A

AUTHORIZATION :

COST LIMIT : * 87.50

Patricia P.

ORDER DATE : November 1, 1995

ORDER TIME : 1:30 PM

ORDER NO. : 722171

CUSTOMER NO: 87551A

900001625649

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

Suite 100

1200 Corporate Center Way
Wellington, FL 33414

DOMESTIC FILING

NAME: VICTORIA MEDICAL EQUITY
INVESTORS, LTD.

2nd

RECEIVED
95 NOV - 1 PM 2:49
DIVISION

ARTICLES OF INCORPORATION
☒ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

11/1/95

CONTACT PERSON: Gail L. Shelby

EXAMINER'S INITIALS:

BR

CERTIFICATE OF LIMITED PARTNERSHIP OF
VICTORIA MEDICAL EQUITY INVESTORS, LTD.

The undersigned certifies as follows with respect to Victoria 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 Victoria 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.

3. General Partner. The name of the sole General Partner is Victoria 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.

VICTORIA MEDICAL EQUITY CORPORATION
Florida corporation, General Partner

By: Donald A. Sands
Donald A. Sands, Vice President

STATE OF FLORIDA)
) SS
COUNTY OF PALM BEACH)

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 Victoria 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



AFFIDAVIT

FILED
DIVISION OF CORPORATIONS
SECRETARY OF STATE
NOV - 1 PM 4:04

STATE OF FLORIDA)
) SS
COUNTY OF PALM BEACH)

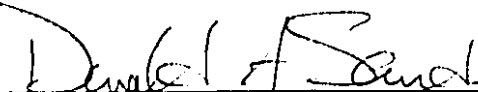
The undersigned, Donald A. Sands ("Affiant"), being first duly cautioned and sworn, deposes and says that:

1. Affiant is the Vice President of Victoria Medical Equity Corporation, a Florida corporation, which is the sole general partner of Victoria Medical Equity Investors, Ltd., a Florida limited partnership, which is the sole general partner of Victoria 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 October, 1995.


Donald A. Sands, Vice President

STATE OF FLORIDA)
) SS
COUNTY OF PALM BEACH)

Subscribed, sworn to and acknowledged before me this 30th day of October, 1995 by Donald A. Sands, in his capacity as Vice President of Victoria Medical Equity Corporation, a Florida corporation. He is personally known to me and did not take an oath.

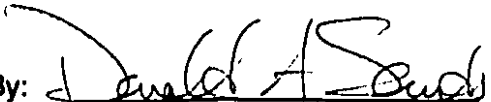

Notary Public
My Commission Expires:



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 NOV -1 PM 4:04

**LIMITED PARTNERSHIP
ANNUAL REPORT
1996**



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

FILED

95 DEC 27 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #

A 9500000 1656

Victoria Medical Equity Investors, Ltd

DO NOT WRITE IN THIS SPACE

2. New Mailing Address If Applicable

Suite Apt # etc 700001680727

01/05/96 01109-001

City State & Zip ***2400.00 ***200.00

2a. New Principal Office Address If Applicable

Suite Apt # etc

City State & Zip

Mailing Address

Principal Office Address

1200 Corporate Center Way
Suite 100
West Palm Beach, FL 33414

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

3. Did a Firm 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. FET Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED ☒

OK
1-4

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

10. If changed, new Registered Agent/Office

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

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

Victoria Medical Equity
Corporation

1200 Corporate Center Way
Suite 100

Wellington, FL 33414

P95000083836

\$200.00

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 section 620.192, Florida Statutes.

By Victoria Medical Equity Corp

SIGNATURE

Donald A. Sands

DATE

12-14-95

Typed or Printed Name of General Partner Signing Form

Donald A. Sands, V.P.

Telephone Number

CR2E003 (6/95)