

1201 HAYS STREET  
TALLAHASSEE, FL 32301  
904-222-9171  
904-222-0397

800-342-8086

**A95000001660**



**networks**

PRESTIGE HALL  
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 722171 87551A

AUTHORIZATION :

COST LIMIT : \$ 87.50

*Patricia P...*

ORDER DATE : November 1, 1995

ORDER TIME : 1:28 PM

ORDER NO. : 722171

CUSTOMER NO: 87551A

800001625508

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

Suite 100  
1200 Corporate Center Way  
Wellington, FL 33414

DOMESTIC FILING

RECEIVED  
95 NOV-1 PM 3:16

NAME: ED PASO 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:

*BK*  
*11/1/95*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 NOV -1 PM 4:18

CERTIFICATE OF LIMITED PARTNERSHIP OF  
EL PASO MEDICAL EQUITY INVESTORS, LTD.

The undersigned certifies as follows with respect to El Paso 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 El Paso 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 El Paso 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.

EL PASO MEDICAL EQUITY CORPORATION, a  
Florida corporation, General Partner

By:

Donald A. Sands  
Donald A. Sands, Vice President

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 NOV -1 PM 4:18

STATE OF FLORIDA

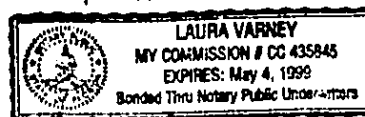
COUNTY OF PALM BEACH

)  
) 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 El Paso 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  
SECRETARY OF CORPORATIONS  
95 NOV - 1 PM 4:18

STATE OF FLORIDA                     )  
  ) SS  
COUNTY OF PALM BEACH            )

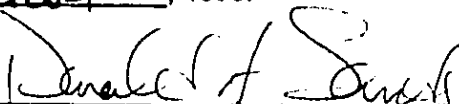
The undersigned, Donald A. Sands ("Affiant"), being first duly cautioned and sworn, deposes and says that:

1. Affiant is the Vice President of El Paso Medical Equity Corporation, a Florida corporation, which is the sole general partner of El Paso 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 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 El Paso Medical Equity Corporation, a Florida corporation. He is personally known to me and did not take an oath.

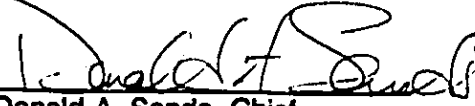
  
Notary Public  
My Commission Expires:



## 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: 18

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$900 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Gandra Morton  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

95 DEC 27 PM 3:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #  
A95000001660

El Paso Medical Equity Investors Ltd

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. 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 \$\* / \$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 607.103, 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

Or 1-4

9. Name and Address of Current Registered Agent

Dasco 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, submit 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)

El Paso Medical Equity  
Corporation

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

1200 Corporate Center Way  
Suite 100

11b. City, State & Zip Code

Willington, FL 33414

11c. Registration/  
Document Number

P95000023851

\$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 chapter 20, Florida Statutes. By El Paso Medical Equity Corporation

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)