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NOV-16-1995 17:51 FROM R.N.ROSENWASSER,P.A. TO 19049224888 P.02

11/16/95
3:43 PM

FLORIDA DIVISION OF CORPORATIONS

PUBLIC ACCESS SYSTEM
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(((H95000012963)))
TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FROM: RONALD N. ROSENWASSER, P.A.
2255 GLADES ROAD
ONE BOCA PLACE-SUITE 234W
BOCA RATON FL 33431-0000
CONTACT: LINDA WALDEN
PHONE: (407) 241-7777
FAX: (407) 241-5877

(((H95000012963)))
PARTNERSHIP
DOCUMENT TYPE: FLORIDA LIMITED

NAME: CURE INTERNATIONAL, LTD.
FAX AUDIT NUMBER: H95000012963
DATE REQUESTED: 11/16/1995
CERTIFIED COPIES: 1
NUMBER OF PAGES: 4
ESTIMATED CHARGE: $140.00
CURRENT STATUS: REQUESTED
TIME REQUESTED: 15:42:53
CERTIFICATE OF STATUS: 0
METHOD OF DELIVERY: FAX
ACCOUNT NUMBER:
072100000362

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** ENTER 'M' FOR MENU. **
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TALLAHASSEE, FLORIDA

H95000012963

Name Availability	KWM
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Updater Verifyer	KWM
Acknowledgement	KWM
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DIVISION OF CORPORATIONS

95 NOV 17 AM 7:51

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11-17

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TALLAHASSEE, FLORIDA

RONALD N. ROSENWASSER, P.A.
Attorneys and Counselors at Law
One Boca Place - Suite 234W
2255 Glades Road
Boca Raton, FL 33431
Telephone: (407) 241-7777
Telefax: (407) 241-5877

DATE: November 16, 1995

TO: Division of Corporations
Department of State

FAX NUMBER: 904-922-4000

TELEPHONE NUMBER:

FROM: Ronald N. Rosenwasser

OUR FILE: CURE International, Ltd.

NUMBER OF PAGES: 6, INCLUDING COVER SHEET

SPECIAL INSTRUCTIONS:

ORIGINAL/COPY WILL NOT FOLLOW BY, UNLESS CHECKED BELOW:

____ MAIL ___ OVERNIGHT COURIER ___ HAND DELIVERY

CLIENT NAME/NUMBER:

ADMIN\TELE

H95000012963
Ronald N. Rosenwasser, P.A.

CERTIFICATE OF LIMITED PARTNERSHIP OF CURE INTERNATIONAL, LTD. a Florida Limited Partnership

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned general partners desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Law as set forth in Chapter 620.108 of the Florida Statutes, hereby state the following:

1. The name of the Partnership is CURE International, Ltd.

2. The address of the office of the Partnership is 1001 United States Highway One, Jupiter, Florida 33477.

3. The name and address of the agent for service of process on the Partnership are Thomas G. Bongard, 1001 United States Highway One, Jupiter, Florida 33477.

4. The names and business addresses of the general partners is as follows:

Name:	Address:
CURE International, Inc. – P95000088242	1001 United States Highway One Jupiter, Florida 33477

5. The mailing address of the Partnership is 1001 United States Highway One, Jupiter, Florida 33477.

6. The Partnership shall exist in perpetuity.

7. The effective date of this Certificate of Limited Partnership shall be the date upon which this Certificate of Limited Partnership is accepted for filing by the Department of State.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by all of the general partners of CURE INTERNATIONAL, LTD., this 16th day of November, 1995.

GENERAL PARTNER:
CURE INTERNATIONAL, INC.

By: Thomas G. Bongard
Thomas G. Bongard

Ronald N. Rosenwasser
As its: President

Ronald N. Rosenwasser
2255 Glades Road, Ste. 234W
Boca Raton, FL 33431
Bar #0622540

H95000012963

295A1005
110795.14211110595.1437

Ronald N. Rosenwasser, P.A.

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 620.106, Florida Statutes, the undersigned limited partnership, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited partnership is: CURE INTERNATIONAL, LTD.

2. The name and address of the registered agent and office Thomas G. Bongard, 1001 United States Highway One, Jupiter, Florida 33477

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 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.

Signature: Thomas G. Bongard
Thomas G. Bongard

Date: 11/10/95

H95000012963
Ronald N. Rosenwasser, P.A.

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110795.1421\110895.1437

Ronald N. Rosenwasser, P.A.

STATE OF NEW YORK)
)
COUNTY OF NEW YORK)

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned personally appeared CURE INTERNATIONAL, INC., constituting the sole general partner of CURE INTERNATIONAL, LTD., a Florida limited partnership (hereinafter referred to as the "Partnership"), who upon being duly sworn, certified as follows:

1. The amount of capital contributions to the Partnership made by the limited partners is as follows:

$99

2. The amount of additional capital contributions anticipated to be contributed by the limited partners is as follows:

None

FURTHER AFFIANT SAYETH NOT.

General Partner:CURE INTERNATIONAL, INC.

By: _____
Thomas G. Bongiovi

Its: President

Date: November 10 1995

H95000012963
Ronald N. Rosenwasser,PA

Ronald N. Rosenwasser, P.A.

STATE OF FLORIDA)
) ss:
COUNTY OF PALM BEACH)

The foregoing instrument was acknowledged before me this 10 th day of November, 1995, by Thomas G. Bongard, as the President of CURE International, Inc., a Florida corporation, who is personally known to me and who did take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 10 th day of November, 1995

Barbara Raines
Notary Public, State of Florida

Name: BARBARA RAINES

My commission expires: _____

BARBARA RAINES
MY COMMISSION # CC338104 EXPIRES
April 8, 1997
BONDED THRU TROY FAIN INSURANCE, INC.

H95000012963
Ronald N. Rosenwasser, P.A.

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

A95000001739

FILED
95 DEC 10 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DIVISION OF CORPORATIONS

1a. DOCUMENT # A95000001739

96-AR

DO NOT WRITE IN THIS SPACE

1. CURE International, Ltd.

Principal Office Address

Mailing Address

1001 US Highway One
Jupiter, FL 33477

2. New Mailing Address if Applicable

Suite Apt # etc

City State & Zip

2a. New Principal Office Address if Applicable

Suite Apt # etc

City State & Zip

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	3a. Date of Last Report	4. State or Country of Formation
November 17, 1995		Florida

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number		7. CERTIFICATE OF STATUS REQUIRED
$99	$99	65-0624433	X Applied For Not Applicable	[redacted]

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

Thomas G. Bongard
1001 US Highway One
Jupiter, FL 33477

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 12/4/95

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
CURE International, Inc.	1001 US Hwy. One	Jupiter, FL 33477	P95000088242

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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 Thomas G. Bongard DATE 12/4/95

Typed or Printed Name of General Partner Signing Form: CURE International, Inc. by Thomas G. Bongard, President

Telephone Number (407) 575-3500

CR2E003 (6/95)

A95000001739

LAW OFFICES OF

DAVID W. WILCOX

808 THIRTEENTH STREET WEST
BRADENTON, FLORIDA 34205

TELEPHONE: (941) 746-2106

MAILING ADDRESS:
P. O. BOX 711
BRADENTON, FLORIDA 34206

TELECOPIER: (941) 747-2108

August 2, 1996

FILED
96 AUG -7 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-08/20/96 [illegible]132--024
*****52.50 *****52.50

Division of Corporations
Limited Partnership Amendment Section
409 East Gaines Street
Tallahassee, Florida 32399

RE: Articles of Amendment
CURE International, Ltd.
A95000001739

Gentlemen:

Enclosed herewith you will find the original Certificate of Amendment to the Certificate of Limited Partnership of the above referenced partnership and a check in the amount of $52.50 to cover the fees for filing the amendment.

Also enclosed is a copy of the Certificate of Amendment for you to clock in and return in the pre-addressed envelope. Thank you for your cooperation in this matter.

Very truly yours,

David W. Wilcox

DWW: bbw
Enclosures

RECEIVED
96 AUG -6 AM 7:58
DIVISION OF CORPORATIONS

CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF
CURE INTERNATIONAL, LTD.
(A95000001739)

FILED
96 AUG -7 AM 8:5
TALLAHASSEE, FLORIDA

1. The name of the limited partnership is **CURE INTERNATIONAL, LTD.**

2. The Certificate of Limited Partnership was filed on November 17, 1995.

3. Section 1.1 of Article I of the Agreement of Limited Partnership of **CURE INTERNATIONAL, LTD.** is amended to change the name of the limited partnership to **CURE FLORIDA, LTD.**

IN WITNESS WHEREOF, the undersigned general partner of the limited partnership has executed this Certificate of Amendment on June 14, 1996.

CURE FLORIDA, LTD.

By: Thomas G. Bongard
President of CURE FLORIDA, INC.
General Partner

STATE OF FLORIDA
COUNTY OF PALM BEACH

THE FOREGOING INSTRUMENT was acknowledged before me this 14th day of June, 1996 by **THOMAS G. BONGARD, President of CURE FLORIDA, INC.,** general partner of CURE FLORIDA, LTD., on behalf of the corporation and the limited partnership. He is personally known to me and did not take an oath.

Nina Joan Brown
NOTARY PUBLIC
Printed Name: NINA JOAN BROWN

c:\wpdata\corporate\ltd-partnership.amendment

(SEAL)

NINA JOAN BROWN
MY COMMISSION # CC 331987
EXPIRES: November 22, 1997
Bonded Thru Notary Public Underwriters