

CORPORATE

A95000001878

DEC 7 1995
DIVISION OF CORPORATIONS

CORPORATION INFORMATION SERVICES

(Requester's Name)
1201 Hays Street
(Address) (904)
Tallahassee, FL 32301 222-9171
(City, State, Zip) (Phone #)

OFFICE USE ONLY

CIS Acct. # **3360 B**
CIS Order # **757282**

400001655664

AUTHORIZATION #072100000032

Patricia Pizub

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. **INTEGRATED PRIMARY CARE, LTD.** (Corporation Name) **796.25** (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC -7 AM 10:50

- ☒ Walk in ☐ Pick up time _____
☐ Mail out ☐ Will wait ☐ Photocopy

☒ Certified Copy

☒ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

MJP

796.25

12/7/92

Examiner's Initials *Dr*

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
INTEGRATED PRIMARY CARE, LTD.**

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The undersigned, desiring to form a limited partnership pursuant to the laws of the State of Florida, do hereby execute and file with the Secretary of State of Florida this Certificate of Limited Partnership, as follows:

1. The name of the limited partnership ("Partnership") is Integrated Primary Care, Ltd.
2. The address of the office in Florida at which will be kept the records of the Partnership required to be maintained by Section 620.105 of the Florida Revised Uniform Limited Partnership Act (1986) (the "Act") is 1200 South Pine Island Road, Plantation, FL 33324.
3. The name and address of the agent for service of process required to be maintained by Section 620.105(2) of the Act is Integrated Primary Care, Inc. 1200 South Pine Island Road, Plantation, Fl 33324.
4. The name and business address of the General Partner of the Partnership is as follows:

GENERAL PARTNER

795000030945
Integrated Primary Care, Inc.

BUSINESS ADDRESS

1200 South Pine Island Rd.
Plantation, FL 33324

5. A mailing address for the Partnership is as follows:

1200 South Pine Island Rd.
Plantation, Florida 33324

Prepared By: David F. Parish, Esq., FL Bar # 275786
Ruden, McClosky, Et AL., P.O. Box 1900
Fort Lauderdale, FL 33301
(305) 764-6660

6. The latest date upon which the Partnership is to dissolve is December 3, 2025, unless otherwise continued in accordance with the terms of an Amendment to this Certificate of Limited Partnership.

IN WITNESS WHEREOF, I have hereunto subscribed my hand and seal to this Certificate this 3rd day of December, 1995.

GENERAL PARTNER:

Integrated Primary Care, Inc.
a Florida corporation

By:


Edward Maas, President

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FTL:108951:1

Prepared By: David F. Parish, Esq., FL Bar # 275786
Ruden, McClosky, Et Al., P.O. Box 1900
Fort Lauderdale, FL 33301
(305) 764-6660

**ACCEPTANCE OF APPOINTMENT
AS REGISTERED AGENT**

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THE UNDERSIGNED, named as the agent for service of process in paragraph three of the Certificate of Limited Partnership of Integrated Primary Care, Ltd., hereby accepts the appointment as such registered agent, and acknowledges that he is familiar with, and accepts the obligations imposed upon registered agents under, the Florida Revised Uniform Limited Partnership Act (1986).

Integrated Primary Care, Inc.,
a Florida corporation

By: 
Edward Maas, President

Prepared By: David F. Parish, Esq., FL Bar # 275786
Ruden, McClosky, Et Al., P.O. Box 1900
Fort Lauderdale, FL 33301
(305) 764-6660

**AFFIDAVIT DECLARING AMOUNT OF
CAPITAL CONTRIBUTIONS OF LIMITED PARTNERS OF
INTEGRATED PRIMARY CARE, LTD.**

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
95 DEC -7 AM 10:50

The undersigned, constituting the sole General Partner of Integrated Primary Care, Ltd. ("Partnership"), a Florida limited partnership, certifies as follows:

The limited partners' contributions to the Partnership total \$10.00 at this time and it is anticipated that future contributions of limited partners will total an additional \$100,000.00.

It is the intention of the Partnership that this Affidavit be filed with the Secretary of State of the State of Florida, along with the Certificate of Limited Partnership.

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

GENERAL PARTNER:

Integrated Primary Care, Inc.,
a Florida corporation

By: 

Edward Maas, President

Prepared By: David F. Parish, Esq., FL Bar # 275786
Ruden, McClosky, Et Al., P.O. Box 1900
Fort Lauderdale, FL 33301
(305) 764-6660

INTEGRATED PRIMARY CARE, INC.
1200 South Pine Island Road
Plantation, FL 33324

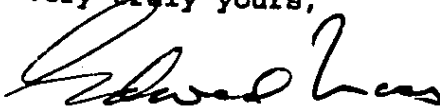
Secretary of State
State of Florida
Tallahassee, FL

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DIVISION OF CORPORATIONS
95 DEC -7 AM 10:50

Gentlemen:

Please be advised that Integrated Primary Care, Inc. hereby consents to the formation of a limited partnership in the State of Florida by, and to the use by that limited partnership of, the name of Integrated Primary Care, Ltd. As you will see from the Certificate of Limited Partnership, this corporation will serve as the general partner of such limited partnership.

Very truly yours,



Edward Maas, President

STATE OF FLORIDA

COUNTY OF Broward

BEFORE me this day personally appeared Edward Maas, to me well known and to me to be the person described in the foregoing letter and who being duly sworn disposes and says that he is the President of Integrated Primary Care, Inc. and that he executed the foregoing instrument on behalf of Integrated Primary Care, Inc. for the purposes therein stated.

WITNESS my hand and official seal this 4th day of December
A.D. 1995

Vicki A. Mohr

Notary Public State of Florida

My Commission Expires:

03-12-99

