A95000001879

425 WALNUT STREET
CINCINNATI, OHIO 45202-3957
513-381-2838
CABLE: TAFTHOL TWX: 810-461-2623
FAX: 513-381-0205

WASHINGTON, D.C. OFFICE
SUITE 600 — 2300 N STREET, N.W.
WASHINGTON, D.C. 20037
202-663-9099
FAX: 202-293-1912

COLUMBUS, OHIO OFFICE
TWELFTH FLOOR
21 EAST STATE STREET
COLUMBUS, OHIO 43215-4221
614-221-2838
FAX: 614-221-2007

NORTHERN KENTUCKY OFFICE
THOMAS MORE CENTRE
2879 CHANCELLOR DRIVE
CRESTVIEW HILLS, KENTUCKY 41017-3491
606-331-2838
513-381-2838
FAX: 513-381-0717

WRITER'S DIRECT LINE:
513-357-9633

December 4, 1995

FEDERAL EXPRESS

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Lee Independent Physicians Association, Ltd.

700001653747
-12/05/95--01126--012
****199.50 ****199.50

Dear Sir or Madam:

Enclosed for filing is a Certificate of Limited Partnership and Affidavit of Capital Contributions of Lee Independent Physicians Association, Ltd. (the "Partnership"). Also enclosed is a check in the amount of $199.50 to cover the filing fee for the Certificate and Affidavit, the fee for designation of a registered agent and one certified copy of the enclosed documents.

Should you have any questions regarding the enclosed documents, please contact the undersigned at (513) 357-9633. Please file stamp the enclosed extra copy of this letter and documents and return them to the undersigned in the self-addressed, stamped envelope enclosed.

Sincerely yours,

Tammy P. Hamzehpour

TPH:bms
Enclosures
cc: Michael J. Sweeney, M.D. (w/ encl.)
Robert E. Rich, Esq. (w/ encl.)

Name Availability ok per ltr
Updater
Verifyer
Acknowledgment
W. P. Verifier

CERTIFICATE OF LIMITED PARTNERSHIP
OF

FILED
95 DEC -4 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Lee Independent Physicians Association, Ltd.
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 3596 Broadway, Fort Myers, FL 33901
(Business address of Limited Partnership)

3. Michael J. Sweeney, M.D.
(Name of Registered Agent for Service of Process)

4. 3596 Broadway, Fort Myers, FL 33901
(Florida street address for Registered Agent)

5. Michael J. Sweeney
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)

6. 3596 Broadway, Fort Myers, FL 33901
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is December 31, 2035.

8. Name of general partner(s):	Specific address:
Lee IPA, Inc. P95000029419	3596 Broadway, Fort Myers, FL 33901

Signed this 4th *day of* December, *19* 95.

Signature of all general partners:

LEE IPA, INC.
By: Michael J. Sweeney
General Partner
Title: President

X X X X X X
General Partner

X X X X X X
General Partner

X X X X X X
General Partner

X X X X X X
General Partner

X X X X X X
General Partner

FILED
95 DEC -6 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTION

The undersigned constituting all of the general partners of

Lee Independent Physicians Association, Ltd., *a Florida Limited Partnership, certify:*

The amount of capital contributions to date of the limited partners is $ 170.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals $ 16,000.00.

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

LEE IPA, INC.

By: _____
General Partner

Title: President

_____
General Partner

_____
General Partner

_____
General Partner

_____
General Partner

This 13th day of November, 1995.

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT **1996**

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

FILED
96 JAN -3 AM 7:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

1. Name of Limited Partnership

Lee Independent Physicians Association, Ltd.

1a. DOCUMENT # A95000001879

2. New Mailing Address, If Applicable

Suite, Apt. #, etc. P00001686928
-01/11/96--01062--002

City, State & Zip ****191.25 ****191.25

2a. New Principal Office Address, If Applicable

Suite, Apt. #, etc. N/A

City, State & Zip

Mailing Address	Principal Office Address
3596 Broadway Fort Myers, FL 33901	3596 Broadway Fort Myers, FL 33901

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: 12/05/95

3a. Date of Last Report:

4. State or Country of Formation: Florida

5a. Capital Contributions as Shown on Record: $16,000.00

5b. Amount of Capital Contributions in FLORIDA to date: $170.00

6. FEI Number: 65-0555902

Applied For ☐ Not Applicable ☐

7. CERTIFICATE OF STATUS REQUIRED [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.

1-10

9. Name and Address of Current Registered Agent

Michael J. Sweeney, M.D.
3596 Broadway
Fort Myers, FL 33901

10. If changed, new Registered Agent/Office

Name: N/A

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

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
Lee IPA, Inc.	3596 Broadway	Fort Myers, FL 33901	P95000029419

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 620, Florida Statutes.

SIGNATURE X _____ DATE December 28, 1995

Typed or Printed Name of General Partner Signing Form: James W. Penuel, Treasurer of Lee IPA, Inc.

Telephone Number: (813) 936-8555

CR2E003 (6/95)

TAFT, STETTINIUS & HOLLISTER

1800 STAR BANK CENTER
425 WALNUT STREET
CINCINNATI, OHIO 45202-3957
513-381-2838
FAX: 513-381-0205

COLUMBUS, OHIO OFFICE
TWELFTH FLOOR
21 EAST STATE STREET
COLUMBUS, OHIO 43215-4221
614-221-2838
FAX: 614-221-2007

NORTHERN KENTUCKY OFFICE
THOMAS MORE CENTRE
2670 CHANCELLOR DRIVE
CRESTVIEW HILLS, KENTUCKY 41017-3481
606-331-2838
513-381-2838
FAX: 513-381-0205

ROBERT E. RICH
DIRECT DIAL
513-357-9358

CLEVELAND, OHIO OFFICE
SIXTH FLOOR
BOND COURT BUILDING
1300 EAST NINTH STREET
CLEVELAND, OHIO 44114-1503
216-241-2838
FAX: 216-241-2237

A95000001879

December 26, 1996

900002051519--4
-01/08/97--01124--008
****455.70 ****455.70

Division of Corporations
Attn: Registration Section
P. O. Box 6327
Tallahassee, Florida 32314

Re: Lee Independent Physicians Association, Ltd.

Dear Ladies and Gentlemen:

We are enclosing for filing in your office the 1997 Limited Partnership Annual Report for Lee Independent Physicians Association, Ltd. We have enclosed a check in the total amount of $576.25 to pay the supplemental fee of $138.75 and the maximum filing fee for the capital contributions of $81,100 in the amount of $437.50.

We are also enclosing a Supplemental Affidavit of Capital Contributions to report the increase in capital contributions of $65,100 which occurred since the last filing. We have enclosed a check payable to your office in the amount of $455.70 to pay the filing fee for the additional capital contributions at the rate of $7.00 per $1,000. If you have any questions about these filings, please contact the undersigned attorney for the partnership.

Sincerely,

Robert E. Rich

RER:mja

Enc.

Name Availability	A95-1879
Document Examiner	GSH
Updater	GSH
Updater Verifyer	GSH
Acknowledgement	GSH
W. P. Verifyer	GSH

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 31 PM 12:51

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FLORIDA LIMITED PARTNERSHIP

The undersigned, constituting all of the general partners of Lee Independent Physicians Association, Ltd., a Florida Limited Partnership, executed this supplemental affidavit filed pursuant to Section 620.112, Florida Statutes.

The total amount of the capital contributions of the limited partners is $81,100.

This 5th day of December, 1996.

FURTHER AFFIANT SAYETH NOT.

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

General Partner

LEE IPA, INC.

By: _____
Mark A. Greenberg, M.D.
President

3791AFF.LEE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 31 PM 12:51