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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 JAN 11 PM 2:36

January 04, 1996

1000 N W 9th Court, Suite 203  
Boca Raton, FL 33486

Secretary of State  
Division of Corporations  
Family Limited Partnerships  
409 East Gaines Street  
Tallahassee, Florida 32314

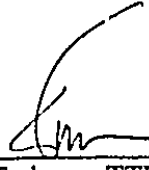
Re: MEDICAL LEASING PARTNERS, LIMITED PARTNERSHIP

Dear Sirs:

500001687075  
-01/11/96--01076--001  
\*\*\*\*189.00 \*\*\*\*189.00

Enclosed please find the Certificate of Limited Partnership of the Medical Leasing Partners, Limited Partnership and the Acknowledgment of Registered Agent, and a check in the amount of \$189.00 representing the State filing fee for said partnership (\$154.00) and the Acknowledgment of Registered Agent (\$35.00) fee.

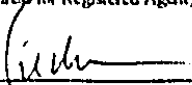
Please file this partnership and send proof of filing to this office at your earliest possible convenience.

  
Stela Tudoran, TTEE, GP

Name	KWM
Availability	
Document Examiner	KWM
Updater	KWM
Updater Verifier	KWM
Acknowledgment	KWM
W. P. Verifier	KWM

1-1

**CERTIFICATE OF LIMITED PARTNERSHIP** JAN 11 PM 2:36

1. **MEDICAL LEASING PARTNERS, LIMITED PARTNERSHIP**  
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd", or "Limited Partnership")
2. **1000 N.W. 9th Court, Suite 203, Boca Raton, Florida, 33486**  
(Business address of Limited Partnership)
3. **STELA TUDORAN**  
(Name of Registered Agent for Service of Process)
4. **1000 N. W. 9th Court, Suite 203, Boca Raton, Florida, 33486**  
(Florida Street Address for Registered Agent)
5.   
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. **1000 N.W. 9th Court, Suite 203, Boca Raton, Florida, 33486**  
(Mailing Address of the Limited Partnership)
7. The Latest date upon which the Limited Partnership is to be dissolved is: **11-7-2023**
8. Name(s) of general partner(s):  
**STELA TUDORAN as Trustee  
of the STELA TUDORAN  
Revocable Trust Agreement  
U/A/D 11-7-93**
- Street Address:  
**1000 N.W. 9th Court, Suite 203  
Boca Raton, FL 33486**

*Under 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.*

Signed this 8 day of January, 19 96.

Signature of general partner:

  
General Partner

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**  
**FOR FLORIDA LIMITED PARTNERSHIP**

*The undersigned constituting all of the general partners of MEDICAL LEASING PARTNERS, LIMITED PARTNERSHIP, a Florida Limited Partnership, certify:*

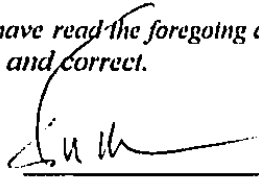
The amount of capital contributions to date of the limited partners is \$22,000.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$22,000.

Signed this 8 day of January, 19 96.

FURTHER AFFIANT SAYETH NOT.

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

  
\_\_\_\_\_  
General Partner