

A 96000001898

CAMBRIDGE MEDICAL CENTERS, INC.  
0422 N.W. 5th Way  
Fort Lauderdale, Florida 33309

September 25, 1996

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32399

Re: CAMBRIDGE MEDICAL CENTER (DEERFIELD) LTD.

Dear Sirs:

Enclosed please find an original and one (1) copy of the Certificate of Limited Partnership for the above partnership and check in the amount of \$ 1837.50 in payment of the following fees:

- (L) \$1,750.00 Filing Fee
- (V) \$35.00 Designation of Registered Agent
- (L) \$52.50 Certified Copy (optional)

800001953388  
-09/30/96--01015--002  
\*\*\*1837.50 \*\*\*1837.50

The capital contribution of the partners to the partnership is in excess of \$1,000,000 and therefore filing fees are calculated on the basis of \$7.00 per \$1000 with a maximum of \$1,750.00.

Should you have any questions, please contact the undersigned.

Very truly yours,

Barry Chapnick, President

FILED  
96 OCT 11 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Name	10/3/96
Availability	State of Florida
Document Examiner	County of Broward
Updater	Sworn to and subscribed before me this <u>24</u> day of September, 1996.
Updater Verifier	
Acknowledgement	
W. P. Verifier	BAC/ms Enclosures



ANNE M DODRO  
My Commission 00410878  
Expires Sep. 28, 1998  
Bonded by NPNB  
889-824-8288

Notary Public

TC  
\$1,250,000.00

A96000001898

W960000020909



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

October 3, 1996

**BARRY CHAPNICK**  
**CAMBRIDGE MEDICAL CENTERS, INC.**  
**6422 N.W. 5TH WAY**  
**FORT LAUDERDALE, FL 33309**

**SUBJECT: CAMBRIDGE MEDICAL CENTER (DEERFIELD) LTD.**  
**Ref. Number: W96000020909**

We have received your document for CAMBRIDGE MEDICAL CENTER (DEERFIELD) LTD. and your check(s) totaling \$1837.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 620.108, Florida Statutes, requires the affidavit include the amount of capital contributions of the limited partners and the amount anticipated to be contributed.

You must state a specific amount of contributions on the affidavit. On your cover letter you indicate that it's in excess of \$1,000,000. We cannot accept in excess of.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6913.

**Diane Cushing**  
Corporate Specialist

**Letter Number: 596A00045261**

AFFIDAVIT AND  
CERTIFICATE OF LIMITED PARTNERSHIP OF  
CAMBRIDGE MEDICAL CENTER (DEERFIELD) LTD.,

a Florida limited partnership

The undersigned General Partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act (1986), hereby states:

1. The name of the Partnership is **Cambridge Medical Center (Deerfield) Ltd.**
2. The address of the office of the Partnership is **6422 N.W. 5th Way, Fort Lauderdale, Florida 33309.**
3. The name and address of the agent for service of process on the Partnership is **Mitchell A. Sherman, P.A., 301 Yamato Road, Suite 1200, Boca Raton, Florida 33431.**
4. The name and address of the sole general partner is **Cambridge Medical Centers, Inc., a Florida corporation, 6422 N.W. 5th Way, Fort Lauderdale, Florida 33309.**
5. The mailing address of the Partnership is **6422 N.W. 5th Way, Fort Lauderdale, Florida 33309.**
6. The latest date upon which the Partnership shall dissolve is **January 1, 2075** unless sooner dissolved.

7. *THE CAPITAL CONTRIBUTED BY THE PARTNER*  
The execution of this certificate by the undersigned General Partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed on behalf of the sole General Partner of Cambridge Medical Center (Deerfield) Ltd., this 7 day of September, 1996.

*OCTOBER*



ANNE M DODRIO  
My Commission CC410873  
Expires Sep. 29, 1998  
Bonded by NPNJ  
800-224-2222

*Cam M. Dodrio* 10/7/96  
*Nitney*

General Partner:  
Cambridge Medical Centers, Inc.,  
A Florida corporation

*[Signature]*

By: Barry Chapnick, President  
(Seal)

FILED  
OCT 11 1996  
FBI


*NO ADDITIONAL CONTRIBUTIONS  
BNC ORIGINATED*

*P95000070846*

STATE OF FLORIDA

COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this 24 day of September by Barry Chapnick, as President of Cambridge Medical Centers, Inc., a Florida corporation, sole general partner of Cambridge Medical Center (Deerfield) Ltd., a Florida limited partnership, on behalf of the partnership. He is personally known to me and did/did not take an oath.

  
\_\_\_\_\_  
Notary Public, State of Florida  
My commission expires:  
Serial Number:

[NOTARY SEAL]



ANNE M DODARO  
My Commission 00410258  
Expires Sep. 28, 1999  
Bonded by NPNJ  
800-234-6888

FILED  
96 OCT 11 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE DESIGNATING PLACE OF BUSINESS FOR THE SERVICE CE OF  
PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS  
MAY BE SERVED.**

In compliance with Chapter 620, Florida Statutes, the following is submitted, in  
compliance with said Act:

First- That Cambridge Medical Center (Deerfield) Ltd., desiring to organize under the  
laws of the State of Florida with its office , as indicated in the Certificate of Limited Partnership,  
at 6422 N.W. 5th Way, Fort Lauderdale, Florida, has named Mitchell A. Sherman, P.A., located  
at 301 Yamato Road, Boca Raton, Florida 33431, as its agent to accept service of process within  
the state.

General Partner:  
Cambridge Medical Centers, Inc.,  
.. Florida corporation

  
By: Barry Chapnick, President  
(Seal)

**ACKNOWLEDGMENT**

Having been named to accept service of process for the above limited partnership, at the  
place designated in this certificate, I hereby accept to act in this capacity, and agree to comply  
with the provisions of said Act.

  
By: Mitchell A. Sherman, Registered Agent

FILED  
96 OCT 11 AM 11:22  
SEC. OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION FOR  
REINSTATEMENT  
FOR  
LIMITED PARTNERSHIP

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 JUL 23 PM 2:52

DOCUMENT # A 9600001898

1. Name of Limited Partnership  
Cambridge Medical Center (Deerfield) Ltd.

DO NOT WRITE IN THIS SPACE

2. Mailing Address 3501 W. Drive Suite, Apt. #, etc.	3. Principal Office Address Same Suite, Apt. #, etc.	4. Date Formed or Registered To Do Business in Florida 10/11/96
City & State Deerfield Beach FL	City & State	5. FEI Number 65-0702629
Zip 33442	Country Broward	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>
8a. Capital Contributions as Shown on Record 1,250,000 -	8b. Amount of Capital Contributions in FLORIDA to date 905,007	7. State or Country of Formation FL

**FEES:** 1. Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.  
2. Supplemental Fee(s): \$103.75 for each year due this office, beginning with 1992 calendar year.  
3. Penalty Fee(s): \$500 penalty fee for each year (2000 form) is delinquent.  
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

8. Name and Address of Current Registered Agent Sherman, Mitchell P.A. 301 Yamato Road, Suite 1200 Boca Raton, FL 33431	10. If changed, new registered agent/office Name Street Address (P.O. Box Number is not acceptable) Suite, Apt. #, etc. City FL Zip Code
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10a. Pursuant to the provisions of sections 620.1051 and 620.102, 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 620.102, 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. Names of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
Cambridge Medical Centers, Inc.	3501 West Drive	Deerfield Beach FL 33442	P9500070846
<b>REINSTATEMENT</b>			97 rwm cus

**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 Florida Statutes.

SIGNATURE *[Signature]* DATE 6/19/97  
Typed or Printed Name of General Partner Signing Form Pres. Telephone Number

CR26109 (1/97)