A97 AHTONNEYS AT LAW

4000 INTERNATIONAL PLACE 100 S. E. SECOND STREET MIAMI, FLORIDA 33131 MAILING ADDRESS: P.O. BOX 019101, MIAMI, FL 33131-9101 TEL (305) 530-0050 FAX (305) 530-0055

August 22, 2000

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

Re: AZTEC MEDICAL SERVICES, LTD.

FILED

00 SEP -1 PM 5: 00

SECRETARY OF STATE
TYLLAHASSEE, HONDIA

Dear Sir/Madam:

I am returning the 2000 UBR and the Supplemental Affidavit together with my check for \$52.50. Please file these documents and forward to me confirmation of same.

Very truly yours,

MGM:nb

Marsha G. Madorsky

FF\$50,50



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 8, 2000

AZTEC MEDICAL SERVICES. LTD. 6101 BLUE LAGOON DR. #455 MIAMI, FL 33126

SUBJECT: AZTEC MEDICAL SERVICES, LTD.

Ref. Number: A97000001015

We have received your document for AZTEC MEDICAL SERVICES, LTD., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$52.50.

There is a \$52.50 filing fee for your supplemental affidavit. Please resubmit your affidavit along with the fee and a copy of this letter.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6051.

Registration/Qualification Section

Division of Corporations Letter Number: 600A00042677

00 SEP - I PM 5: 00
SECRETARY OF STATE

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned general par	tners of AZTEC MEDICAL S	ERVICES, LTD.	
			,a
Florida Limited Partnership Florida Statutes.	, executed this supplemental af	fidavit filed pursuant to se	ection 620.112,
The total amount of the capi	tal contributions of the limited p	partners is: \$ 1,000,00	<u>_</u> ·
This _26 day of	April	, kg _2000	
FURTHER AFFIANT SA	YETH NOT.		
Under penalties of perjury l best of my knowledge and b	declare that I have read the for	regoing and that the facts o	rre true, to the
	General Partner(s)	
ву:	MEDICAL SERVICES, INC.	20) ·	<u>.</u> .
			FI 00 SEP - SECRETAL TALLAHAS
	Fees: \$7 per \$1000, based on additional contributions Minimum \$ 52.50 Maximum \$1750.00	I	FILED P-I PM 5:1 HASSE, FLAT

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314