A97000001335

(Requestor's Name)

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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Requestor's Name

Address

City/State/Zip Phone #

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TALLAHASSEE, FLORIDA

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

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
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4. _____ (Corporation Name) _____ (Document #)

LP-1750

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

1117

CR2E031(1/95)

Examiner's Initials	

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

FILED
02 NOV -7 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 27, 2002

MOULTRIE MEDICAL PLAZA FAMILY PARTNERSHIP, LTD.
P.O. DRAWER 3127
ST. AUGUSTINE, FL 32085-3127

SUBJECT: MOULTRIE MEDICAL PLAZA FAMILY PARTNERSHIP, LTD.
Ref. Number: A97000001335

We have received your document for MOULTRIE MEDICAL PLAZA FAMILY PARTNERSHIP, LTD. and your check(s) totaling $926.25. However, the document has not been filed and is being retained in this office for the following:

The fee to file the supplemental affidavit is $1750.00 and the fee to file the annual report/uniform business report is $926.25. The total fee due for both filings is $2676.25. Please return the supplemental affidavit and the annual report/uniform business report together with the appropriate fee.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 902A00049983

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

FILED
02 NOV -7 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 12, 2002

MOULTRIE MEDICAL PLAZA FAMILY PARTNERSHIP, LTD.
P.O. DRAWER 3127
ST. AUGUSTINE, FL 32085-3127

SUBJECT: MOULTRIE MEDICAL PLAZA FAMILY PARTNERSHIP, LTD.
Ref. Number: A97000001335

We have received your document for MOULTRIE MEDICAL PLAZA FAMILY PARTNERSHIP, LTD. and check(s) totaling $437.50. However, your check(s) and document are being returned for the following:

Chapter 620, Florida Statutes, requires a supplemental affidavit to be filed pursuant to section 620.112 or 620.176, Florida Statutes, any time the actual contributions of the limited partners exceed the anticipated amount of capital contributions on file with this office.

The fee to file the enclosed uniform business report is $926.25, which includes a $400 late fee. If a certificate of status is desired, please include an additional $8.75.

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) 245-6051.

Registration/Qualification Section
Division of Corporations Letter Number: 202A00047673

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED PARTNERSHIP

FILED
02 NOV -7 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned general partners of Moultrie Medical Plaza Family Limited Partnership, 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: $ 1,746,309.00

This 4th day of November, 2002.

Total contributions and anticipated contributions is $10,000,000.00

FURTHER AFFIANT SAYETH NOT.

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

General Partner(s)

Globility, Inc. George Sadowski, President

Fees:
$7 per $1000, based on additional contributions
Minimum $ 52.50
Maximum $1750.00

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

INHS20(1/00)