

**A98000000310**

4/16/02  
NUM: A98000000310 ST:FL ACTIVE/FL LP FLD: 01/30/1998 10:10 AM  
LAST: MERGER FLD: 04/13/2001  
ACT CONT: 175,000.00 FEI#: 59-3481618  
NAME : FMD UROLOGIC THERAPIES II, LTD.  
PRINCIPAL: 670 N. ORLANDO AVENUE, SUITE 103 CHANGED: 01/19/99  
ADDRESS MAITLAND, FL 32751  
RA NAME : KRESGE, H. C JR.  
RA ADDR : 670 N. ORLANDO AVENUE, SUITE 103 ADDR CHG: 01/19/99  
MAITLAND, FL 32751 US  
ANN REP : (1999) I 01/19/99 (2000) I 05/22/00 (2001) I 04/16/01

1. MENU, 3. PARTNERS, 4. EVENTS

600005288766--2  
-04/17/02--01001--021  
\*\*\*\*\*52.50 \*\*\*\*\*52.50

ENTER SELECTION AND CR:

FILED  
2002 APR 15 PM 1:42  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FF \$52.50

J. BRYAN APR 18 2002



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

March 19, 2002

FMD UROLOGIC THERAPIES II, LTD.  
670 N. ORLANDO AVENUE, SUITE 103  
MAITLAND, FL 32751

SUBJECT: FMD UROLOGIC THERAPIES II, LTD.  
Ref. Number: A98000000310

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TALLAHASSEE, FLORIDA

We have received your document for FMD UROLOGIC THERAPIES II, 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.

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: 702A00016512

APR - 3 2002

RECEIVED

MAR 23 2002

BY: \_\_\_\_\_

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

The undersigned general partners of

IMD KROLOGIC THERAPIES II, LTD.

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: \$ 180,000.00.

This 26 day of FEBRUARY, 2002.

**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)

FLORIDA MEDICAL DEVELOPMENT, INC.  
670 N. ORLANDO AVE. SUITE 103  
MALDEN, FL 32751

H.C. Kressee, Jr.  
H.C. KRESSEE, JR. 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

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TALLAHASSEE, FLORIDA