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LAW OFFICE OF
R. WILLIAM FUTCH

500 NE 8TH AVENUE
OCALA, FLORIDA 34470
(352) 732-8080
FAX: (352) 867-5111

PLEASE REPLY TO:
POST OFFICE BOX 4885
OCALA, FLORIDA 34478

March 2, 1998

Secretary of State
Division of Limited Partnerships
Post Office Box 6327
Tallahassee, FL 32314

900002444899--4
-03/03/98--01024--002
***1785.00 ***1785.00

RE: SOUTH MARION URGENT CARE CENTER, INC. AND
MARION COMMUNITY HOSPITAL

Dear Sir/Madam:

Handwritten: 1008495 CM

Enclosed please find an Affidavit and Certificate of Limited Partnership along with a copy of the Limited Partnership Agreement itself in of connection with the above referenced matter to be filed with your office. Also enclosed please find our check in the amount of \$1,785.00 representing payment of the filing fee of \$1,750.00 for the limited partnership and \$35.00 for cost of registered agent.

If the enclosed meets with your approval, once it has been filed with your office, please return a filed copy to my office in the enclosed self addressed stamped envelope for our corporate file on this matter.

Should you have any questions concerning the enclosed, please feel free to contact our office at the number referenced above.

Thank you very much for your prompt attention to this matter.

Very Truly Yours,
BY 
R. William Futch

RWF/kad
Enc. (check #1699)

FILED
98 MAR 12 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

March 5, 1998

R. WILLIAM FUTCH, LAW OFFICES
P.O. BOX 4885
OCALA, FL 34478

SUBJECT: SOUTH MARION URGENT CARE CENTERS, LTD.
Ref. Number: W98000004933

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SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA

We have received your document for SOUTH MARION URGENT CARE CENTERS, LTD. and your check(s) totaling \$1785.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

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 (850) 487-6025.

Cathy A Mitchell
Corporate Specialist

Letter Number: 798A00012199

AFFIDAVIT AND CERTIFICATE OF LIMITED PARTNERSHIP
OF SOUTH MARION URGENT CARE CENTERS, LTD.

STATE OF FLORIDA
COUNTY OF MARION

This Affidavit and Certificate of Limited Partnership is executed this 17th day of November, 1997 by SOUTH MARION URGENT CARE CENTERS, Inc., a Florida corporation, as General Partner of SOUTH MARION URGENT CARE CENTERS, LTD., (the "Limited Partnership").

1. The name of the limited partnership is South Marion Urgent Care Centers, Ltd. The address of the office and the name and the address of the agent for service of process required to be maintained by F.S. Section 620.105 is as follows:

Address of office: 1308 N.E. 14th Street
Ocala, Florida 34470

Registered agent: Lloyd Kim
1308 N.E. 14th Street
Ocala, Florida 34470

2. The General Partner is South Marion Urgent Care Centers, Inc., a Florida corporation whose address is 1308 S.E. 14th Street, Ocala, Florida 34471 and whose Registered Agent is R. William Futch, 500 N.E. 8th Avenue, Ocala, Florida 34470.

3. The mailing address of the Limited Partnership is 1308 N.E. 14th Street, Ocala, Florida 34470.

4. The latest date upon which the Limited Partnership is dissolved is December 31, 2027.

5. The Limited Partners have contributed the sum of \$ 500,000.00 as capital contributions to the Partnership.

and other consideration
No further capital contributions are anticipated.

SOUTH MARION URGENT CARE
CENTERS, LTD.

By: its General Partner:
SOUTH MARION URGENT CARE
CENTERS, INC.

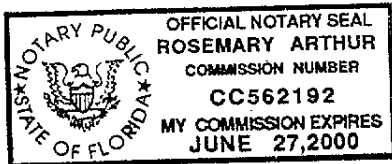
Priscilla Elaine Rowe
Witness sign
Priscilla Elaine Rowe
Print name

R. William Futch
Witness sign
R. William Futch
Print name

By Lloyd Kim as President

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Sworn to and subscribed before me this 10 day of ^{November}~~April~~, 1997, by LLOYD KIM, as President of MARION URGENT CARE CENTERS INC., who is personally known by me or who produced _____ as identification and he did/did not take an oath.



Rosemary Arthur
Notary Public, State of Florida
at Large
My Commission Expires: 6/27/2000

ACCEPTANCE OF REGISTERED AGENT

I, LLOYD KIM, do hereby accept designation as the Registered Agent for South Marion Urgent Care Centers, Ltd.

Dated 11/10/97, 1997.

By [Signature]
LLOYD KIM
1308 N.E. 14th Street
Ocala, Florida 32470

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF MARION

Sworn to and subscribed before me this 11 day of March, 1998, by LLOYD KIM, as Registered Agent, who is personally known to me or who produced _____ as identification and he did/did not take an oath.

[Signature]
Notary Public, State of Florida
at Large
My Commission Expires: _____

