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FILING COVER SHEET

REFERENCE: 0163. 1965

DATE: 3-23-98

CONTACT: CINDY HICKS

FROM: CORPORATE & CRIMINAL RESEARCH SERVICES
103 N. MERIDIAN STREET
TALLAHASSEE, FL 32301

TELEPHONE: 222-1173

SUBJECT: Unitrust Medical Management Partners, Ltd.

FILED STATE
 SECRETARY OF CORPORATIONS
 DIVISION OF CORPORATIONS
 98 MAR 23 AM 11:18

STATE FEES PREPAID WITH CHECK # 2201 FOR \$ ~~96.25~~ 96.25

4

PLEASE FILE:

- ARTICLES OF INC.
- AMENDMENT
- DISSOLUTION
- ANNUAL REPORT
- QUALIFICATION
- LIMITED PARTNERSHIP
- ANNUAL REPORT
- FICTITIOUS NAME
- LIMITED LIABILITY
- REINSTATEMENT
- UCC-1
- UCC-3

96.25
 98 MAR 23 AM 10:56
 DIVISION OF CORPORATIONS

700002464697-1
 -03/23/98-01036-002
 *****96.25 *****96.25

PROVIDE US WITH:

- CERTIFIED COPY
- CERTIFICATE OF STATUS
- STAMPED COPY

 Examiner's Initials

3/23/98

CERTIFICATE OF
LIMITED PARTNERSHIP OF
UNITRUST MEDICAL MANAGEMENT PARTNERS, LTD.

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
98 MAR 23 AM 11:18

The undersigned hereby executes and swears to this Certificate of Limited Partnership for the purpose of forming a limited partnership under the laws of the State of Florida.

1. Name of Partnership. The name of the Partnership shall be UNITRUST MEDICAL MANAGEMENT PARTNERS, LTD.

2. Address of Recordkeeping Office; Agent for Service of Process. The records to be kept pursuant to Florida Statute Section 620.106 shall be located at 13124 N. Florida Avenue, Tampa, Florida 33612, and the name of the Partnership's agent for service of process at said address is James H. Barker, D.O.

3. Name and Business Address of the General Partner.
(a) The name and address of the General Partner are as follows:

<u>Name</u>	<u>Address</u>
Unitrust Medical Management Associates, L.C.	13124 N. Florida Avenue Tampa, Florida 33612

4. Mailing Address for the Limited Partnership. The mailing address for the Limited Partnership shall be located at 13124 N. Florida Avenue, Tampa, Florida 33612.

5. Term. The term for which the Partnership is to exist shall be ninety-nine (99) years from the filing of this Certificate in the Office of the Secretary of State of the State of Florida, unless sooner terminated in accordance with a Limited Partnership Agreement for UNITRUST MEDICAL MANAGEMENT PARTNERS, LTD..

DATED this 20 day of March, 1998.

GENERAL PARTNER:

UNITRUST MEDICAL MANAGEMENT ASSOCIATES, L.C., a Florida limited liability company

By: James H. Barker
James H. Barker, D.O.
Manager

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing was acknowledged before me this 20 day of March, 1998 by James H. Barker, D.O., who is personally known to me or who has produced FL D.L. 8626448 40 202 0 as identification.



Theodore A. Kelly
MY COMMISSION # CC723670 EXPIRES
March 10, 2002
BONDED THRU TROY FAIN INSURANCE, INC

Theodore A. Kelly
NOTARY PUBLIC
Name: _____
My Commission Expires: _____

ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent and designated to accept service of process for the within Limited Partnership, at the place designated herein, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

James H. Barker
James H. Barker, D.O.

6341-002-0493096.01

FILED STATES
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

I, James H. Barker, D.O., being the Manager of Unitrust Medical Management Associates, L.C., a Florida limited liability company, as the sole general partner of UNITRUST MEDICAL MANAGEMENT PARTNERS, LTD., a Florida limited partnership (hereinafter referred to as the "Partnership"), upon being sworn, do hereby certify as follows:

1. The limited partners of the Partnership have contributed \$1.00 of capital to the Partnership.

2. It is anticipated that no additional capital will be contributed to the capital of the Partnership by the limited partners in the future.

This 20 day of March, 1998.

FURTHER AFFIANT SAYETH NOT.

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

GENERAL PARTNER:

UNITRUST MEDICAL MANAGEMENT ASSOCIATES, L.C., a Florida limited liability company

By: James H. Barker
James H. Barker, D.O.
Manager

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 20th day of March, 1998, by James H. Barker, D.O., as Manager of UNITRUST MEDICAL MANAGEMENT ASSOCIATES, L.C., a Florida limited liability company. He is personally known to me or has produced Fl. D.I. as identification.

Theodore A. Kelly
NOTARY PUBLIC
Name: _____
Serial No.: _____
My Commission Expires: _____

6341-002-0493096.01



Theodore A. Kelly
MY COMMISSION # CC723670 EXPIRES
March 10, 2002
BONDED THRU TROY FAIN INSURANCE, INC.

FILED
DIVISION OF CORPORATIONS
SECRETARY OF STATE
98 MAR 23 AM 11:18