# A 98000000 74/

### FILING COVER SHEET

REFERENCE:	0/63.1965
DATE:	3-23-98
CONTACT:	CINDY HICKS
FROM:	CORPORATE & CRIMINAL RESEARCH SERVICES  103 N. MERIDIAN STREET  TALLAHASSEE, FL 32301
TELEPHONE: SUBJECT:	Unitrust Medical Manageneria Partners, Ltd.
STATE FEES PREPAID V	WITH CHECK # 2201 FOR \$ 96.25
( ) ARTICLES OF INC. ( ) QUALIFICATION ( ) FICTITIOUS NAME	() AMENDMENT () DISSOLUTION () ANNUAL REPORT () LIMITED PARTNERSHIP () ANNUAL REPORT
( ) UCC-1	( )UCC3 7000024646971 -03/23/9801036002
PROVIDE US WITH:  ( ) CERTIFIED COPY	*****36.25 ******36.25  CERTIFICATE OF STATUS  STAMPED COPY
Examiner's Initials	

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

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. <u>Name of Partnership</u>. 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:

Name

L980000001354

Address

Unitrust Medical Management Associates, L.C.

13124 N. Florida Avenue Tampa, Florida 33612

- 4. <u>Mailing Address for the Limited Partnership</u>. The mailing address for the Limited Partnership shall be located at 13124 N. Florida Avenue, Tampa, Florida 33612.
- 5. <u>Term</u>. 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

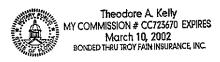
By: (

James H. Barker, D.O

Manager

STATE OF FLORIDA COUNTY OF HILLSBOROUGH

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



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, D.O.

6341-002-0493096.01

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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 partnership 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

Bv.

James H. Barker, D.O.

Manager

STATE OF FLORIDA COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this a

NOTARY PUBLIC

Name:

Serial No.:

My Commission Expires:

6341-002-0493096.01



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