NUM: A98000002237 ST

LAST: AMENDMENT

ACT CONT: 390,000.00

FLD: 07/05/2000 FEI#: 65-0870031

: WESTON MEDICAL AND PROFESSIONAL PARK, LTD.

PRINCIPAL: 2573 MAYFAIR LANE

ADDRESS WESTON, FL 33327

RA NAME : CORREA, ALVARO

RA ADDR : 2573 MAYFAIR LANE

WESTON, FL 33327 US

ANN REP : (1999) I 04/08/99 (2000) I 08/21/00 (2001) I 04/27/01

CHANGED: 08/21/00

NAME CHG: 08/21/00

ADDR CHG: 04/08/99

1. MENU, 3. PARTNERS, 4. EVENTS

ENTER SELECTION AND CR:

500005622935--9 -05/29/02--01012--009 ****112.00 ****112.00

108-3951



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 9, 2002

WESTON MEDICAL AND PROFESSIONAL PARK, LTD. 2573 MAYFAIR LANE WESTON, FL 33327

SUBJECT: WESTON MEDICAL AND PROFESSIONAL PARK, LTD.

Ref. Number: A98000002231

We have received your document for WESTON MEDICAL AND PROFESSIONAL PARK, LTD. and check(s) totaling \$638.25. However, your check(s) and document are being returned for the following:

You have indicated in block 10 or 7b on the document that the contributions of the limited partners have gone beyond what we currently have on file. A supplemental affidavit must be filed pursuant to chapter 620, Florida Statutes. The filing fee is based on the additional amount of contributions calculated at a rate of \$7 per \$1000 with a minimum filing fee of \$52.50 and a maximum filing fee of \$1750.

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: 802A00021110

02 MAY 23 AM 10: 02

370-1859

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned general partners of Weston Medical and
Professional Park, 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: \$ 406,000
This 18 day of May , 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)

Weston Medical Office Park Inc.

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

Fees:

73 AM IO: 02

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