

CT CORPORATION SYSTEM

B01000000320

CORPORATION(S) NAME

1) ~~United Medical Systems of New York, L.P.~~

2) United Medical Systems of New York, L.P.

FILED
01 SEP 17 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

RECEIVED
01 SEP 17 PM 3:38
DIVISION OF CORPORATION

- | | | |
|--|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input checked="" type="checkbox"/> Limited Partnership registration | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

9/17/01

Order#: 4781922

400004594764--1

-09/18/01--01001--022

Ref#:

*****87.50 *****87.50

Amount: \$ _____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

gh

Florida Department of State, Sandra B. Mortham, Secretary of State

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

01 SEP 17 1PM 3:50
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. United Medical Systems of New York, L.P.
(Name of limited partnership as it is in the home state)
2. ~~United Medical Systems of New York Limited Partnership~~
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")
3. Georgia 4. April 19, 1996
(State of Formation) (Date of Formation)
5. C T Corporation System
(Name of Registered Agent for Service of Process)
6. c/o C T Corporation System, 1200 South Pine Island Road
(Street Address of Registered Office)
Plantation, Florida 33324
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process:
C T Corporation System
Tammy Tofteroo **TAMMY TOFTEROO**
(Agent must sign on this line) **VICE PRESIDENT**
8. One Technology Drive, 3rd Floor, Westborough, MA 01581
(Address of registered office required in state of formation or, if not required, address of principal office.)
9. NAMES OF GENERAL PARTNERS STREET ADDRESS
United Medical Systems, Inc. One Technology Drive, 3rd Floor
Westborough, MA 01581
FOLOVVV04879
10. United Medical Systems of New York, L.P.
One Technology Drive, 3rd Floor, Westborough, MA 01581
(Office where Names, Addresses and Contributions of Limited Partners are kept.)
11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

12. One Technology Drive, 3rd Floor, Westborough, MA 01581

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

This 7th day of September, 19 2001.

United Medical Systems, Inc., General Partner

By: Jorgen Madsen, its President

STATE OF Massachusetts

COUNTY OF Worcester

On this 7th day of September, 19 2001.

Jorgen Madsen personally appeared before me.

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

SP
(Notary Public Signature)

Steve Pinner
(Notary's Printed Name)

Seal

My Commission Expires: 11/8/07

STEVEN PINNER
Notary Public
My Commission Expires
November 8, 2007

FILED
01 SEP 17 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

Jorgen Madsen, President of
BEFORE ME the undersigned personally appeared United Medical Systems, Inc.
United Medical Systems of
a general partner of New York, L.P., at Georgia
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 4,393,143.00
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 7,500.00.

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

This 7th day of September, 19 2001.

United Medical Systems, Inc., General Partner
By: Jorgen Madsen, its President

STATE OF Massachusetts

COUNTY OF Worcester

On this 7th day of September, 19 2001,

Jorgen Madsen, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

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(Notary Public Signature)

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