

B02000000370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

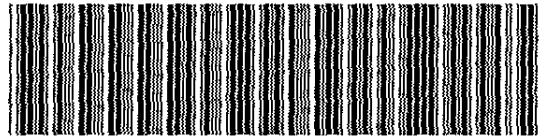
(Business Entity Name)

(Document Number)

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02 NOV 12 PM 8 20
DIVISION OF REGISTRATION

FILED
02 NOV 12 PM 1:40
SECRETARY OF STATE -
TALLAHASSEE, FLORIDA

CT CORPORATION

November 11, 2002

Secretary of State, Florida
409 East Gaines Street
N/A
Tallahassee FL 32399

02 NOV 12 PM 1:40
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Order #: 5719659 SO
Customer Reference 1: 122815.1
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Guaranteed Principal Healthcare Fund, L.P. (DE)
Registration
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Melanie S Strickland
Fulfillment Specialist
Melanie_Strickland@cch-lis.com

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

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

FILED
NOV 12 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Guaranteed Principal Healthcare Fund, L.P.
(Name of limited partnership as it is in the home state)

2. _____
(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. Delaware 4. October 4, 2002
(State of Formation) (Date of Formation)

5. Guaranty Principal Partners, Inc.
(Name of Registered Agent for Service of Process)

6. 138 Spyglass Lane
(Street Address of Registered Office)

Jupiter, Florida 33477
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:

Caroline Bryan
(Agent must sign on this line)

8. CT Corporation System
1200 South Pine Island Road, Plantation, Florida 33477
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS	STREET ADDRESS
<u>Guaranty Principal Partners, Inc.</u>	<u>138 Spyglass Lane</u>
<u><i>PO2000106147</i></u>	<u>Jupiter, Florida 33477</u>

10. Guaranty Principal Partners, Inc., 138 Spyglass Lane, Jupiter, Florida 33477
(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. Sheldon Krieger

138 Spyglass Lane, Jupiter, Florida 33477

(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.

Signed this 30 day of October, 2002

GUARANTY PRINCIPAL PARTNERS, INC.

By: Sheldon Krieger, GP

General Partner

STATE OF Florida

COUNTY OF Palm Beach

On this 30 day of October, 2002

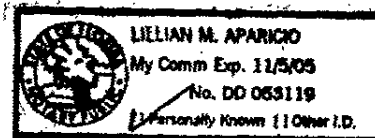
SHELDON KRIEGER, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Lillian M. Aparicio
(Notary Public Signature)

LILLIAN M. APARICIO
(Notary's Printed Name)



Seal

My Commission Expires: 11-05-05

02 NOV 12 PM 1:40
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

02 NOV 22 PM 1:40
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BEFORE ME the undersigned personally appeared Sheldon Krieger, President of Guaranty Partners, Inc.
a general partner of Guaranteed Principal Healthcare Fund, LP a (an) Delaware
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 99.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 99.00.

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.

Signed this 30 day of Oct., 2002.

GUARANTY PRINCIPAL PARTNERS, INC.

By:

Sheldon Krieger, GP
General Partner

STATE OF Florida

COUNTY OF Palm Beach

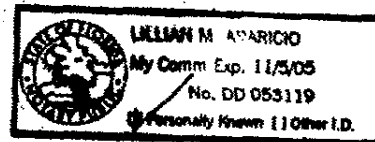
On this 30 day of October, 2002.

SHELDON KRIEGER, personally appeared before me,

- ☒ who is personally known to me
☐ whose identity I proved on the basis of _____

Lillian M. Aparicio
(Notary Public Signature)

LILLIAN M. APARICIO
(Notary's Printed Name)



Seal

My Commission Expires: 11-05-05