

B03000000276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

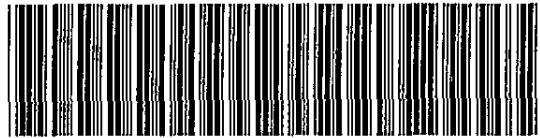
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF STATE

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Southern California
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- ☐ Art of Inc. File
- ☒ LTD Partnership File
- ☐ Foreign Corp. File
- ☐ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☒ Annual Report / Reinstatement
- ☐ Cert. Copy
- ☐ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

Signature

Requested by

SW 8/11

Name

Date

Time

Walk-In

Will Pick Up

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

1. SOUTHERN (AFRICANA) SEE & TREAT CANCER CARE CENTER, 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. NEVADA
(State of Formation)

4. NOVEMBER 21, 2002
(Date of Formation)

5. DENNIS D. CECI
(Name of Registered Agent for Service of Process)

6. 600 NW 44TH STREET
(Street Address of Registered Office)

OAKLAND PARK, Florida 33309
(City) (Zip Code)

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


(Agent must sign on this line)
8. 600 NW 44TH STREET, OAKLAND PARK, FLORIDA
33309

(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

DENNIS D. CECI

1770 E LAS OLAS BLVD #204
FORT LAUDERDALE FL 33301

10. 600 W PROSPECT ROAD #2E
(Office where Names, Addresses and Contributions of Limited Partners are kept.)
OAKLAND PARK FL 33309

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.

1314 E UAS OLAS BLVDFORT LAUDERDALE, FLORIDA 33301

(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 8TH day of AUGUST, 2003.


General Partner

STATE OF


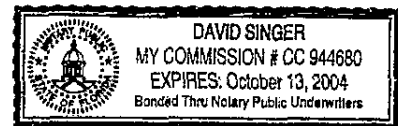
FLORIDA

COUNTY OF

BROWARD

On this 8TH day of AUGUST, 2003.

DENNIS D. GECI, personally appeared before me,

☐ who is personally known to me☒ whose identity I proved on the basis of FDOL C240 -164 -46 -463 -0
(Notary Public Signature)
(Notary's Printed Name)

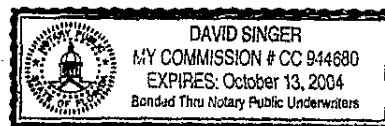
Seal

My Commission Expires: 10/13/04

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIPBEFORE ME the undersigned personally appeared DENNIS D. CECIa general partner of SOUTHERN CALIFORNIA SEE & TREAT, a (an) NEVADA
CANCER CARE CENTER, LIMITED PARTNERSHIP
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 100⁰⁰XX.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 4,000⁰⁰XX.

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 8TH day of AUGUST, 2003
General PartnerSTATE OF FLORIDACOUNTY OF BROWARDOn this 8TH day of AUGUST, 2003.DENNIS D. CECI, personally appeared before me,☐ who is personally known to me☒ whose identity I proved on the basis of FLOR C240-164-46-463-0
(Notary Public Signature)David Singer
(Notary's Printed Name)

Seal

My Commission Expires: 10/13/04