

# B05000000209

CORPORATION(S) NAME

Chase Medical, L.P.

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TALLAHASSEE, FLORIDA

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input checked="" type="checkbox"/> Limited Partnership	<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 checked="" type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input checked="" 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		

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Name \_\_\_\_\_  
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Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

8/1/02

Order#: 5517009

**FILE SECOND**

300006850543--4  
-08/01/02--01033--013  
Ref#: \*\*\*148.75 \*\*\*148.75

Amount: \$ \_\_\_\_\_

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

J. BRYAN AUG 1 2002

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

1. Chase Medical, L.P.  
(Name of limited partnership as it is in the home state)

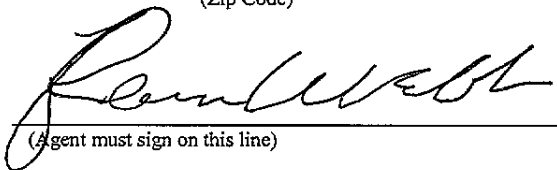
2. \_\_\_\_\_  
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida;  
must contain the word "LIMITED" or "LTD.")

3. Delaware 4. November 12, 1997  
(State of Formation) (Date of Formation)

5. Glenn Webb  
(Name of Registered Agent for Service of Process)

6. 300 Cathedral Oaks Drive  
(Street Address of Registered Office)

Vero Beach, Florida 32963  
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:  
  
(Agent must sign on this line)

8. 1876 Firman Drive  
Richardson, Texas 75081  
(Address of Registered office required in state of formation or, if not required, address of principal office.)

9. The Secretary of State of the State of Florida is appointed the agent for the limited partnership for service of process if an agent's authority has been revoked or the agent cannot be found or served with the exercise of reasonable diligence.

10.	NAMES OF GENERAL PARTNERS	STREET ADDRESS
	<u>CMI Holding Company, Inc.</u>	<u>#F02000003924</u>
	<u>1876 Firman Drive</u>	
	<u>Richardson, Texas 75081</u>	

11. CMI Holding Company, Inc. (general partner), 1876 Firman Drive, Richardson, TX 75081  
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

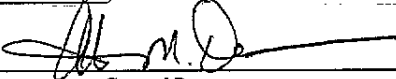
12. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

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13. Chase Medical of Delaware, Inc.  
300 Delaware Avenue, Suite 900, Wilmington, DE 19801  
(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.

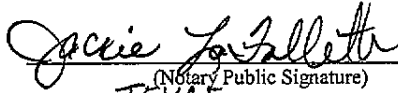
Signed this 31<sup>st</sup> day of JULY, 2002.  
  
General Partner

STATE OF TEXAS  
COUNTY OF DALLAS

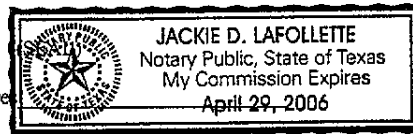
On this 31<sup>st</sup> day of JULY, 2002, ALBERT M. DAVIS, personally

appeared before me, [ X ] who is personally known to me

[ ] whose identity I proved on the basis of \_\_\_\_\_

  
(Notary Public Signature)  
State of TEXAS

My Commission Expires



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**AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP**

BEFORE ME the undersigned personally appeared Albert M. Davis for CMI Holding Company  
a general partner of Chase Medical, LP, a (an) Delaware Inc.  
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 8,475,450.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 1,900.

*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 31<sup>st</sup> day of July, 2002.

  
General Partner

STATE OF TEXAS

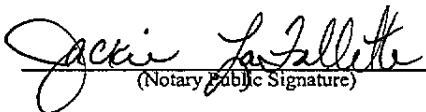
COUNTY OF DALLAS

On this 31<sup>st</sup> day of JULY, 2002,

ALBERT M. DAVIS, personally appeared before me,

☒ who is personally known to me

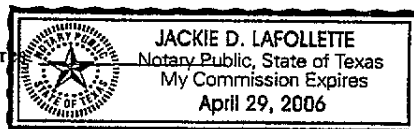
☐ whose identity I proved on the basis of \_\_\_\_\_

  
(Notary Public Signature)

JACKIE LAFOLLETTE  
(Notary's Printed Name)

Seal

My Commission Expires



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