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Floride Department of State, Jim Smith, Secretary of State

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

and the state of t	which the limited partnership proposes to register or ntain the word "LIMITED" or "LTD.")
GEORGIA	4. SEPTEMBER 28, 1994
(State of Formation)	(Date of Formation)
5	T CORPORATION SYSTEM
(Name of Registered	Agent for Service of Process)
c/o C T Corpora	tion System, 1200 South Pine Island Road
(Street Address of	Registered Office)
Plantation	, Florida <u>33324</u>
(City)	(Zip Code)
.Acceptance by the Registered Agen	tt for Service of Process.
	14
Mary Gala	CORPORATION SYSTEM
/ (Office	or must sign on this limb
Mary R. Adams Assistant	Name and Title of Officer)
990 HAMMOND DRIVE, SUITE 300, A	TLANTA, CA 30328
Address of Registered Office required inclipal Office.)	in State of Formation or, if not required, Address of
NAME OF GENERAL PARTNERS	******
·	SPECIFIC ADDRESS
SHC BOCA RATON LASER, INC.	990 HAMMOND DRIVE
	SUITE 300 ATLANTA, GA 30328
F050000003010	·
F 42000000 20 20 20	
F42000000 2012	
Ed200000	
,	ANTA CA 30339
,	LANTA, GA 30328
990 HAMMOND DRIVE, SUITE 300, ATI	LANTA, GA 30328 ISSES and Contributions of Limited Partners are kept.) The to keep the records listing the addresses and capital partners until the first had a ddresses and capital partners until the first had a ddresses and capital partners.

This	day of becarrier	19 94
	II. Mich Jinley	SVP
STATE OF		
COUNTY	OF	
		and swom to before me this
	TON EXCIMER Limited Partnership), A GEORGIA	
Partnership	p, on behalf of the Limited Partnership.	(State or Country) Limited
_	harlen Hoolgin	
	Notary Public State of <u>Lecagos</u> at Large	538
(SEAL)	My Commission Expires: Notary Public, Fullon County, Caper of My Commission Expired Materials, Pro-	
	•	ان ن ت ت ت

5

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

GEORGIA	
	. limited partnership, hereinafter referred to as the "Partnership", wi
1. The amou	unt of capital contributions of the limited partners is \$ 100.00
	on or capital contributions of the limited partners is \$ 100.00
2. The entire	
amon in all h	cipated amount of the capital contributions of the limited partners that are allo- purposes of transacting business in Florida is \$ 100.00
This 15+	day of
FUNTHER AF	FIANT SAYETH NOT.
Under penaltie	es of perjury I declare that I have read the foregoing and that the facts are true
to the best of n	Try knowledge and belief.
	General Pertner
	1 M. 1 0 1: 1 C.10
	A. Michel Filey, SVP
STATE OF GEOR	RGIA
COUNTY OF	
COUNTY OF FULL	TON
DATE 12/1	TON (194
BEFORE ME. 11	he undersigned officer a Notenz Bublic material and additional additional and additional additionalism additional additional additional additional additional additi
BEFORE ME, the sky schooling	the undersigned officer, a Notary Public authorized to administer oaths and to
BEFORE ME, the ske acknowled	the undersigned officer, a Notary Public authorized to administer oaths and to administer oaths and to administer oaths and County set forth above, personally appeared (General Posterior Description)
BEFORE ME, the acknowled be the person w	the undersigned officer, a Notary Public authorized to administer oaths and to sigments in and for the State and County set forth above, personally appeared (General Partner, known to me and know by me to the state of Carrier County and the foregoing Affdant of Carrier Carr
BEFORE ME, the aire acknowled hunka	the undersigned officer, a Notary Public authorized to administer oaths and to
BEFORE ME, the ake-acknowled hunkar acknowled hunkar with the person will be the person w	the undersigned officer, a Notary Public authorized to administer oaths and to digments in and for the State and County set forth above, personally appeared (General Partner, known to me and know by me to executed the foregoing Affidavit of Capital Contributions, and he acke and before me that he executed this Affidavit as General Partner of said
BEFORE ME, the pake acknowled be the person will be	the undersigned officer, a Notary Public authorized to administer oaths and to digments in and for the State and County set forth above, personally appeared (General Partner, known to me and know by me to who executed the foregoing Affidavit of Capital Contributions, and he acked and before me that he executed this Affidavit as General Partner of said
BEFORE ME, the side acknowled on the person will be	the undersigned officer, a Notary Public authorized to administer oaths and to sigments in and for the State and County set forth above, personally appeared (General Partner, known to me and know by me to the state of Carrier County and the foregoing Affdant of Carrier Carr
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BEFORE ME, the side acknowled with person will be the person will be t	the undersigned officer, a Notary Public authorized to administer oaths and to sigments in and for the State and County set forth above, personally appeared (General Partner, known to me and know by me to executed the foregoing Affidavit of Capital Contributions, and he acked and before me that he executed this Affidavit as General Partner of said WHEREOF, I have hereunto set my hand and affixed my official seal, in the sty aforesaid, this
BEFORE ME, the aide acknowled on the person will be	the undersigned officer, a Notary Public authorized to administer oaths and to sigments in and for the State and County set forth above, personally appeared (General Partner, known to me and know by me to who executed the foregoing Affidavit of Capital Contributions, and he acked and before me that he executed this Affidavit as General Partner of said WHEREOF, I have hereunto set my hand and affixed my official seal, in the sty aforesaid, this

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP		Ro		MENT OF STATE				
ANNUAL REPORT 1996		Dr	Stindra M Secretary : VISION OF CO	of State			ED.	
Name of Limited Partnership	10		OCUME]	96 JAN -		
204 247044 5404			00000	<u>U25</u>		TALLAHASSE	E, FLORI	DA .
OCA RATON EXCIMER LASER, L.P., LIMITED ARTNERSHIP			96-AR			IITE IN THIS SPA	ICZ.	
				(M)		Mailing Address, If Appli		
illing Address DEXABLEMENT OF HARRYSON		ncipal Office Addr				*. otc P. O. Bo		
MUNICA/MINK		NTA GA 30320	E. SUITE SQU		_	& Zip Birmingh		35238
					-	w Principal Office Addres	s, if Applicable	
above addresses are incorrect in any way, lini Date Formed or Registered to Do Busines					Suite, Apt	·		
01/19/1995	en 3a. Date of	Law Heport	4. Stain or Ci	ountry of Formation GA	City, State	& Zip		
8. Capital Contribute ns as Shown on Record 5	b. Amount of Capital FLORIDA to date	Contributions in	6. FEI Nu	mber		Applied For 7.	CERTIFICATE C	F STATUS REQUIRED
\$100.00 FEES: 1) Filing Fee: Computed at a re				146786		Not Applicable	91.91 34. 940	politicae (Liver van grunder) 1886 pala – St. Schaelcan
T CORPORATION SYSTEM 200 SOUTH PINE ISLAND ROAD LANTATION FL 33324				Name Street Address (P.O. B. Suite, Apt. #, atc.	ox Number li	- 131313 1	0016	388718
				City		-01/12	/9601	096012 ************************************
		Fiorida Statutes, t	beman-evida ed	limited partnership orga	nized or regis	dered under the laws of t	ne State of Floric	
tor the purpose of changing its registe agent. I am familiar with, and accupt if GNATURE (Registered Agent Accepting Appl	red affice or registered re obligations of section profinent)	n G20 192, Florida	Statutes	da Such change was aut	horized by re	DATE		appointment of registered
tor the purpose of changing its register agent. I am familiar with, and accupt it GNATURE (Registered Agent Accepting Appli A GENERAL PARTNER	red affice or registered the obligations of section partment) THAT IS A (CORPOR	Statutes	imited PAR1	NERS	DATE		appointment of registered
tor the purpose of changing its register agent. I am familiar with, and accupt it GNATURE (Registered Agent Accepting Application of GENERAL PARTNER Name(s) of General Partner(s)	red affice or registered se obligations of section onlinent) THAT IS A (CORPOR	ATION, L	IMITED PART Partear Numbris 11b.	NERS	DATE HIP OR OTHE	R BUSII	NESS ENTITY
agent. I am familiar with, and accept the GNATURE (Registered Agent Accepting Application of Agent Accepting Application).	red affice or registered se obligations of section onlinent) THAT IS A (CORPOR	ATION, L	IMITED PART Partear Numbris 11b.	NERS	DATE HIP OR OTHE	R BUSII	NESS ENTITY Registration/ Document Number

12.	I domereby certify that the information	ation supplied wit	h this filing is voluntarily	furnished and does not qualif	ly for the exemption statud in	Section 119 07(3)(k), Flor	ida Statutes, I releas	e the Division of
	Corporations from any liability of n	on-compliance v	oth Section 119 07(3)(F)	in the event that the informati	on supplied is deemed exem	pt from public access 1 to	urther certify that the	information indicated on
	this annual report is true and accu							
	empowered to execute // is report							

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Bichard F. Both Typed or Printed Name of General Partner Signing Form Richard E. Botts, Group Vice President Telephone Number (205)967-7116

of the General Partner

3950000000a5

HEALTHSOUTH Corporation

December 23, 1996

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

500002077595--8 -02/04/97--01183--006 *****52.50 *****52.50

Dear Sirs:

Please find enclosed a Certificate of Amendment to the Certificate of Limited Partnership and a Supplemental Affidavit of Capital Contributions for Boca Raton Excimer laser, L.P. (FEI # 58-2145786). Along with the amendments, find attached checks for \$52.50 and \$882.00, respectively. If you have any questions or need any assistance please contact Richard E. Botts at (205) 967-7116 or myself at (205) 970-5785.

Sincerely,

Paul J. Anderson Tax Accountant SECULE DE SECULE DE COMPANIO CO

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Updater Verlityer	DC C
Aca : "ledgement	DCC
W. P. Verifyer	DUC

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FILING 59.50
R. AGENT FEE
C. CONY
TORK
N. EARK
BALANCE DUE
REFUND

Two Perimeter Park South . Birmingham, Alabama 35243 . 205 967-7116

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTIVERSHIP OF

	(Ensurt mem	e currently on file w	rida Florida Dupt. o	(State)	
Pursuant to the prov	risions of section	620.109, Florida	a Statutes, this	Florida limited p	artnership, whose
certificate was filed	with the Florida	Department of S	tate on1/	19/95	, adopts the
following certificate	of amendment to	its certificate of	limited partner	ship:	
FIRST: Amendmen	at(s): (indicate art	icle number(s) b	eing amended,	added, cr deleted	97
BOCA RATON EXCI	MER LASER, L.P	•			FILED JNI 29 MIG 05
Department of State			4	e time of its filing	with the Florida
THIRD: Signature Signature of current				THE GENERAL PAI	RINER
Signature(s) of new	general partner(s)				

R9500000025 HEALTHSOUTH Corporation

F.ccember 23, 1996

Florida Dept. of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sirs:

Please find enclosed a Certificate of Amendment to the Certificate of Limited Partnership and a Supplemental Affidavit of Capital Contributions for Boca Raton Exciner laser, L.P. (FEI # 58-2146786). Along with the amendments, find attached checks for \$52.50 and \$882.00, respectively. If you have any questions or need any assistance please contact Richard E. Botts at (205) 967-7116 or myself at (205) 970-5785.

Sincerely,

Paul J. Anderson Tax Accountant 200002077622--3 -02/04/97--01183--019 *****882.00 *****882.00

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W. P. Verifyer	ncc

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Two Perimeter Park South • Birmingham, Alabama 35243 • 205 967-7116



FLORIDA DEPARTMENT OF STATE Sendra B. Mortham Secretary of State

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned general partners of BOCA RATON EXCIM	ER LASER, L.P.
Florida Limited Partnership, executed this supplemental affic	davit filed pursuant to section 620.112,
Florida Statutes.	97 17A
The total amount of the capital contributions of the limited	partners is: \$ 126,000
This 10th day of Dec	partners is: \$
FURTHER AFFIANT SAYETH NOT.	MI DO OS
Under penalties of perjury I declare that I have read the for the test of my knowledge and belief.	regoing and that the facts are true, to
x hicken & G. Kall	smer(s)
Richard E. Botts. Vice Preside	ent of the General Partner

FEES:

\$7 per \$1,000 based on the additional contributions (Minimum \$52.50 - Maximum \$1,750.00)

INHSE20(3/95)