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Division of Corporations

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# FLORIDA LIMITED PARTNERSHIP

## PULMONOLOGY MANAGEMENT, LLLP

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# CERTIFICATE OF LIMITED PARTNERSHIP

Pursuant to Section 620.108 of the Florida Statutes, the following statement is made:

1. The name of the Limited Partnership is PULMONOLOGY MANAGEMENT, LLLP.

2. The address of the office and the name and address of the agent for service of process required to be maintained by Section 620.105 of the Florida Statutes is:

   Robert M. Kramer
   KRAMER, GREEN, ZUCKERMAN, GREENE & BUCHSBAUM, P.A.
   4000 Hollywood Blvd., Suite 485 South
   Hollywood, Florida 33021

3. The name and business address of each General Partner is:

   Shobha Bhagchandani
   2825 N State Road 7 #201
   Margate, FL 33063

4. The mailing address and street address for the Limited Partnership is :

   c/o Shobha Bhagchandani
   2825 N State Road 7 #201
   Margate, FL 33063

5. The latest date upon which the Limited Partnership is to dissolve is December 31, 2053.

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PULMONOLOGY MANAGEMENT, LLLP

Shobha

SHOBHA BHAGCHANDANI
General Partner

STATE OF FLORIDA }
}
COUNTY OF Broward }

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared SHOBHA BHAGCHANDANI, General Partner of PULMONOLOGY MANAGEMENT, LLLP, to me known to be the person described in and who executed the foregoing Certificate of Limited Partnership and she acknowledged before me that she executed the same. She is personally known to me or ~~produced~~ _____ ~~as identification~~ and she took an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 13TH day of August, 2004.

Robert M. Kramer

NOTARY PUBLIC

Robert M. Kramer

Printed Name

Robert M Kramer
My Commission DD312056
Expires April 27 2008

My Commission Expires:

K:\BOB\BHAGCHANDANI\LLLP\CERTIF.LPS.wpd

## LIMITED PARTNERSHIP AFFIDAVIT

STATE OF FLORIDA }
COUNTY OF Broward }

Pursuant to Section 620.108 of the Florida Statutes, the following statement is made:

1. The undersigned is the sole General Partner of PULMONOLOGY MANAGEMENT, LLLP

2. The amount of the original capital contributions of the Limited Partners is $990.00. The additional amount anticipated to be contributed by the Limited Partners is $0.

FURTHER AFFIANT SAYETH NAUGHT.

SHOBHA BHAGCHANDANI,
General Partner

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared SHOBHA BHAGCHANDANI, General Partner, of PULMONOLOGY MANAGEMENT, LLLP, to me known to be the person described in and who executed the foregoing Limited Partnership Affidavit and she acknowledged before me that she executed the same. She is personally known to me ~~or who did produce _____ as identification~~ and she did take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 13TH day of AUGUST, 2004.

NOTARY PUBLIC

My Commission Expires:

ROBERT M. KRAMER
Printed Name of Notary Public

Robert M Kramer
My Commission DD312056
Expires April 27 2006

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**ACKNOWLEDGMENT OF APPOINTMENT OF REGISTERED AGENT**

**PULMONOLOGY MANAGEMENT, LLLP**

The undersigned, having been named the Registered Agent for the above Limited Partnership at 4000 Hollywood Boulevard, Suite 485 South, Hollywood, Florida 33021, the undersigned hereby accepts the same and agrees to act in this capacity and agrees to comply with the provisions of Florida law relative to keeping the registered office open.

Dated: AUGUST 13TH, 2004.

REGISTERED AGENT:

ROBERT M. KRAMER

K:\BOB\SHAGCHANDANI\LLLP\REGAGENT.ACK.wpd