CORPORATION INFORMATION
SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
904-222-0191 FAX

800-342-8036

A95000000058

CSC networks

DIVISION OF CORPORATION

FILED
95 JAN 10 AM 10:58
SECRETARY OF STATE
CORPORATION

Mail To:
P.O. Box 5028
Tallahassee, FL 32314

ACCOUNT NO. : 072100000032

REFERENCE : 523163 4135A

AUTHORIZATION : Patricia Walsh

COST LIMIT : $ 430.50

ORDER DATE : January 10, 1995

ORDER TIME : 2:50 PM

ORDER NO. : 523163

CUSTOMER NO: 4135A

900001375408

CUSTOMER: Janet Perez, Legal Assistant
STEEL HECTOR & DAVIS

41st Floor
200 S. Biscayne Boulevard
Miami, FL 33131-2398

DOMESTIC FILING

NAME: BONE MORROW/STEM CELL
TRANSPLANT INSTITUTE OF
FLORIDA, LTD.

___ ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lori R. Dunlap

EXAMINER'S INITIALS:

CERTIFICATE OF LIMITED PARTNERSHIP OF
BONE MARROW/STEM CELL TRANSPLANT
INSTITUTE OF FLORIDA, LTD.

The undersigned general partner of Bone Marrow/Stem Cell Transplant Institute of Florida, Ltd., a Florida limited partnership (the "Partnership"), desiring to adopt a certificate of limited partnership of Bone Marrow/Stem Cell Transplant Institute of Florida, Ltd. (the "Certificate") pursuant to Section 620.108 of the Florida Revised Uniform Limited Partnership Act (1986), hereby states the following:

1. The name of the Partnership is "Bone Marrow/Stem Cell Transplant Institute of Florida, Ltd."

2. The name and address of the agent for service of process on the Partnership is Corporation Information Services, Inc., 1201 Hays Street, Tallahassee, Florida 32301.

3. The name and business address of the sole General Partner is Bone Marrow/Stem Cell Transplant Institute of Florida, Inc., a Florida corporation, c/o OrNda of South Florida, 17330 N.W. 7th Avenue, Suite 204, Miami, Florida 33169.

4. The mailing address of the Partnership is c/o OrNda of South Florida, 17330 N.W. 7th Avenue, Suite 204, Miami, Florida 33169.

5. The latest date upon which the Partnership shall dissolve is December 27, 2014. This Certificate shall be effective upon the date of filing with the Department of State of Florida.

The execution of this Certificate by the undersigned general partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, this Certificate has been executed by the General Partner of the Partnership as of this 4th day of January, 1995.

BONE MARROW/STEM CELL TRANSPLANT INSTITUTE OF FLORIDA, INC., as General Partner

By: _____
Name: Brian Burklow
Title: Sr Vice President

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as the registered agent for Bone Marrow/Stem Cell Transplant Institute of Florida, Ltd., a Florida limited partnership (the "Partnership"), in the foregoing Certificate of Limited Partnership of the Partnership, I hereby agree to accept service of process for said Partnership and to comply with all statutes relative to the complete and proper performance of the duties of the registered agent.

Dated: January 10, 1995.

Corporation Information Services, Inc.

Name:
Registered Agent

95 JAN 10 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA)
COUNTY OF DADE)

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned, Brian Burklow, Senior Vice President of Bone Marrow/Stem Cell Transplant Institute of Florida, Inc., the General Partner of Bone Marrow/Stem Cell Transplant Institute of Florida, Ltd., a Florida limited partnership (hereinafter referred to as the "Partnership"), who upon being duly sworn, certifies as follows:

The actual amount of capital contributed to the Partnership by the Limited Partners is $10,000.00. The anticipated amount of capital contributions (including the actual amount of capital contributed by the Limited Partners) to the Partnership by the Limited Partners is $49,000.000.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

BONE MARROW/STEM CELL TRANSPLANT INSTITUTE OF FLORIDA, INC., as General Partner

By: _____
Name: Brian Burklow
Title: Sr Vice President

Date: January 4th, 1995

FILE ON OR BEFORE APRIL 5, 1996 TO AVOID
REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

96 ... 12 ...

1n. DOCUMENT #
A95000000058

BONE MARROW/STEM CELL TRANSPLANT INSTITUTE OF FLORIDA, LTD.
ORIDA

Mailing Address:
C/O ORNDA OF SOUTH FLORIDA
17330 NW 7TH AVENUE SUITE 204
MIAMI FL 33169

Principal Office Address:
C/O ORNDA OF SOUTH FLORIDA
17330 NW 7TH AVENUE SUITE 204
MIAMI FL 33169

2. New Mailing Address if Applicable
PO Box 1200
Nashville, TN 37...-1200

2a. New Principal Office Address if Applicable

1000001780671
04/15/96--01078--003
****343.00 ****343.00

3. FLORIDA 01/10/1995

4. FL

5a. $49,000.00

6. FEI Number: 65-0638328

7. CERTIFICATE OF STATUS REQUIRED
$8.75 Additional Fee Required for a Certificate of Status

FF $481.75

8. FEES: 1) Filing Fee: Computed at a rate of $7 per $1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of $52.50 and a maximum of $437.50
2) Supplemental Fee: $138.75 (pursuant to section 607.193, F.S.)
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Change of Registered Agent/Office

FL

10a. [illegible]

SIGNATURE (Registered Agent Accepting Appointment) DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name of General Partner	11a. Address of Each General Partner	11b. City, State & Zip Code	11c. Registration Document Number
BONE MARROW/STEM CELL TR. IN	C/O 17330 N.W. 7TH AV	MIAMI FL 33169	P94000056244

1000001780671
04/15/96--01078--008
****138.75 ****138.75

NOTE: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. [illegible]

SIGNATURE Karen H Abbott DATE 3/8/96

Typed or Printed Name: Karen H Abbott Telephone Number 615-383-8599

CR2E053 (11/95)

0003121

A95000000058

1201 Hays Street
Tallahassee, Florida 32301-2525
800-342-8036

CSC networks
PRENTICE HALL LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 088272 4306424

AUTHORIZATION : Patricia Pyzik

COST LIMIT : $ 52.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 SEP 17 PM 1:37

ORDER DATE : September 17, 1996

ORDER TIME : 10:30 AM

ORDER NO. : 088272

000001949470

CUSTOMER NO: 4306424

CUSTOMER: Ms. Kathy Gonsalves
Steel Hector & Davis
41st Floor, Ste. 4000
200 S. Biscayne Boulevard
Miami, FL 33131-2398

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 SEP 17 PM 1:37

DOMESTIC AMENDMENT FILING

NAME: BONE MARROW/STEM CELL TRANSPLANT INSTITUTE OF FLORIDA, LTD.

EFFICTIVE DATE:

RECEIVED
96 SEP 17 PM 12:26
DIVISION OF CORPORATION

XX ARTICLES OF AMENDMENT
_____ RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS: BK

9/17/96

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 SEP 17 PM 1:37

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF BONE MARROW/STEM CELL TRANSPLANT INSTITUTE OF FLORIDA, LTD.

The undersigned general partner of Bone Marrow/Stem Cell Transplant Institute of Florida, Ltd., a Florida limited partnership (the "Partnership"), desiring to amend the Certificate of Limited Partnership of Bone Marrow/Stem Cell Transplant Institute of Florida, Ltd. (the "Certificate") pursuant to Section 620.109 of the Florida Revised Uniform Limited Partnership Act, hereby states the following:

1. The name of the Partnership is "Bone Marrow/Stem Cell Transplant Institute of Florida, Ltd."

2. The Certificate of Limited Partnership for the Partnership was originally filed on January 10, 1995.

3. The name of the Partnership is hereby amended to "Bone Marrow/Stem Cell Transplant Institute, Ltd."

IN WITNESS WHEREOF, this Certificate of Amendment to Certificate of Limited Partnership of Bone Marrow/Stem Cell Transplant Institute of Florida, Ltd. has been executed by the General Partner of the Partnership as of this 16th day of September, 1996.

BONE MARROW/STEM CELL
TRANSPLANT INSTITUTE OF
FLORIDA, INC., as General Partner

By: Henry DeNarvaez
Name: Dennie Dinarvaez
Title: CEO

MIA9510/96195-1

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 SEP 17 PM 1:37