

CAPITAL CONNECTION INC.

417 E. Virginia St., Suite 100, Raleigh, NC 27601
 Mailing Address: P.O. Box 3149, Raleigh, NC 27602
 TEL: FRN No. 1-800-372-8062
 FAX (904) 222-1222

A950000 00526

NAME _____
 FIRM _____
 ADDRESS _____

 PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

BR

4/3/95

G. TAX Cb 8.25
 FILING 140.00
 R. AGENT FEE 35.00
 C. COPY 52.50
 TOTAL 236.25
 N. BANK _____
 BALANCE DUE _____
 REFUND _____

	G.C. FEE	DISBURSED
Capital Express™		
Art. of Inc. File		
Corp. Record Search		
<input checked="" type="checkbox"/> Ltd. Partnership File		
Foreign Corp. File		
<input checked="" type="checkbox"/> () Cert. Copy(s)		
Art. of Amend. File		
<input checked="" type="checkbox"/> Dissolution/Withdrawal		
CUS. 95		
Fictitious Name File		
Name Reservation		
Annual Report/Reinstatement		
Reg. Agent Service		
Document Filing		
Corporate Kit		
Vehicle Search		
Driving Record		
Document Retrieval		
UCC 1 or 3 File		
UCC 11 Search		
UCC 11 Retrieval		
File No.'s, Copies		
Courier Service		
Shipping/Handling		
Phone ()		
Top Priority		
Express Mail Prop.		
FAX () pgs.		
SUBTOTALS		

FILED STATE
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 95 APR -3 AM 10:19

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 04/06/95 01049 017
 ***236.25 ***236.25

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$
	\$

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE			
TIME			CK No. _____
BY	AAK		

WALK-IN Will Pick Up 4-3 1100

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum.

THANK YOU
 from
 Your Capital Connection

**CERTIFICATE OF LIMITED
PARTNERSHIP OF
ISC, LTD.**

The undersigned desiring to form a limited partnership pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act, heroby states the following:

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1. Name of Limited Partnership. The name of the limited partnership is:

ISC, Ltd.
(the "Partnorship")

2. Address of the Partnership. The office address of the Partnership is located at:

Flagler Drive at Palm Beach Lakes Boulevard
West Palm Beach, FL 33401

3. Registered Agent and Office. The name and address of the registered agent of the Partnership for service of process pursuant to Section 620.105, Florida Statutes, are:

Valerie Larcombe, Esq.
Flagler Drive at Palm Beach Lakes Boulevard
West Palm Beach, FL 33401

4. Name and Address of the General Partner. The name and address of the sole general partner of the Partnership are:

Intracoastal Health Corporation
Flagler Drive at Palm Beach Lakes Boulevard
West Palm Beach, FL 33401

N10551

5. Mailing Address of the Partnership. The mailing address of the Partnership is:

Flagler Drive at Palm Beach Lakes Boulevard
West Palm Beach, FL 33401

6. Effective Date of Limited Partnership. The effective date of the Partnership shall be the date it is filed with the Secretary of State of Florida.

7. Dissolution of the Partnership. The latest date upon which the Partnership is to dissolve is April 1, 2025.

The execution of this Certificate of Limited Partnership by the undersigned sole General Partner of the Partnership constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Limited Partnership this 31 day of March, 1995.

Intracoastal Health Corporation,
a Florida not for profit corporation,
Sole General Partner

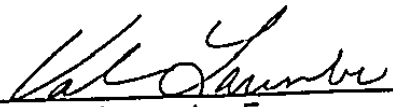
By: 
Michael Franch, President

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ACCEPTANCE BY REGISTERED AGENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED PARTNERSHIP, AT THE PLACE DESIGNATED IN NUMBER 3 OF THIS CERTIFICATE OF LIMITED PARTNERSHIP, THE UNDERSIGNED HEREBY AGREES TO ACT IN THIS CAPACITY, AND FURTHER AGREES TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE DISCHARGE OF ___ DUTIES.

Dated this 31 day of March 1995.


Valerie Larcombe, Esq.

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF FLORIDA)
) ss:
COUNTY OF PALM BEACH)

BEFORE ME, the undersigned notary public, personally appeared Michael French, President of Intracoastal Health Corporation, a Florida corporation, the sole general partner of ISC, Ltd., a Florida limited partnership (the "Partnership"), whose business address is Flagler Drive at Palm Beach Lakes Boulevard, who, upon being duly sworn, certified on behalf of Intracoastal Health Corporation the following:

1. The amount of capital contributions to the Partnership made by the limited partners is \$20,000.
2. The amount anticipated to be contributed by the limited partners is \$20,000.

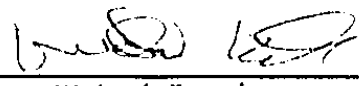
FURTHER AFFIANT SAYETH NOT:

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.

Dated: March 31, 1995.

Sole General Partner:

Intracoastal Health Corporation,
a Florida corporation

By: 
Michael French
Its: President

Sworn to and subscribed before me this 31st day of March, 1995
by Michael French, as President of Intracoastal Health Corporation, a
Florida corporation, on behalf of the corporation. Personally known X or produced
_____ as identification.

NOTARY PUBLIC

Sign: Suzanne G. Morris
Print: _____
State of Florida at Large
My commission expires: _____
Serial Number, if any: _____

(NOTARIAL SEAL)



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