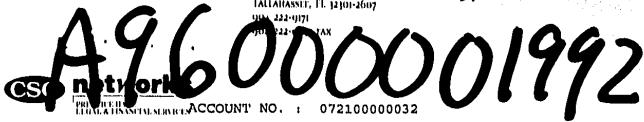
1201 HAYS STREET TALLARIASSEE, FL 12301-2607

800-342-8086



REFERENCE: 134401 4377066

AUTHORIZATION :

900001992703--4 -10/31/96--01087--013 ***1750.00 ***1750.00

COST LIMIT : \$ PREPAID

ORDER DATE: October 28, 1996

ORDER TIME : 11:15 AM

ORDER NO. : 134401-005

CUSTOMER NO: 4377066

CUSTOMER: Ms. Jan Ricker

LAWRENCE M. HANKIN, ESQ Suite 400, 2033 Main Street

Sarasota, FL 34237

DOMESTIC FILING

NAME:

PALMER MEDICAL CENTER, LTD.

REFILL

EFFECTIVE DATE:

ARTICLES OF INCORPORATION

XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Clint Fuhrman

EXAMINER'S INITIALS:

RECEIVED

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91/25/CH OF CORPORAL

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CERTIFICATE OF LIMITED PARTNERSHIP OF PALMER MEDICAL CENTER, LTD., a Florida limited partnership

The undersigned General Partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act (1986), hereby states:

- 1. The name of the Partnership is PALMER MEDICAL CENTER
- 2. The address of the office of the Partnership is 921 South Beneva Road, Sarasota, Florida 34232.
- 3. The name and address of the agent for service of process on the Partnership is Lawrence M. Hankin, 2033 Main Street, Suite 400, Sarasota, Florida 34237.
- 4. The name and business address of the sole General Partner is JOHN M. STEELE, 921 South Beneva Road, Sarasota, Florida 34232.
- 5. The mailing address of the Partnership is 921 South Beneva Road, Sarasota, Florida 34232.
- 6. The latest date upon which the Partnership shall dissolve is November 1, 2035.

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 of Limited Partnership has been executed on behalf of the sole General Partner of Partner MEDICAL CENTER, LTD., this 25 day of October, 1996.

GENERAL PARTNER:

JOHN M. STEPLE

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as statutory registered agent for PALMER MEDICAL CENTER, LTD., a Florida limited partnership (the "Partnership"), in the foregoing Certificate of Limited Partnership, I hereby agree to act in that capacity and, on behalf of the Partnership, to accept service of process for the Partnership and to comply with any and all statutes relative to the complete and proper performance of the duties of registered agent.

LAWRENCE M. HANKIN

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF FLORIDA COUNTY OF SARASOTA

BEFORE ME, the undersigned authority, personally appeared JOHN M. STEELE, the sole General Partner of PALMER MEDICAL CENTER, LTD. (the "Partnership"), who, upon being duly sworn, certified as follows:

- 1. The amount of capital contributions to the Partnership made by the limited partner is, in the aggregate, Two Hundred Ninety-Seven Thousand and No/100 (\$297,000.00) Dollars.
- 2. At this time, it is not anticipated that additional capital contributions will be made by the limited partner.

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.

Date:	10/25/96	JOHN M. STRELE	
The October, or	foregoing was 1996, by JOHN who produced a	acknowledged before me this 2; M. STEELE, who is personally known Driver's License as identification:	day of to me:

(NOTAL LAWYENCE M. HANGN
MY COMMISSION # CC 46871
EXPWES: Conter 15, 1980
Bonded Thru Heavy Prefix Underwiters

(Type, Print or Stamp Name)
I am a Notary Public in and for
the State of Florida and my
commission expires: _____.

SECRETARY OF STATIONS
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