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FROM AKERMAN SENTERFITT

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TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4003

FROM: AKERMAN, SENTERFITT & EIDSON, P.A.

ACCT#: 075471001363

CONTACT: Mary Lee Liggett

PHONE: (305)374-5600

FAX #: (305)374-5095

NAME: SUN COAST HEART CATH, LTD.

AUDIT NUMBER.....H98000018088

DOC TYPE.....FLORIDA LIMITED PARTNERSHIP

CERT. OF STATUS..0

PAGES..... 3

CERT. COPIES.....1

DEL.METHOD.. FAX

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FROM: AKERMAN, SENTERFITT & EIDSON, P.A.

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CONTACT: MARLA R MAYSTER

PHONE: (305)374-5600

FAX #: (305)374-5095

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A98-2322



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 30, 1998

AKERMAN, SENTERFITT & RIDSON, P.A.

SUBJECT: SUN COAST HEART CATH, LTD.
REF: W98000022386

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability partnership must have an active registration/filing on file with this office before this filing will be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Michelle Hodges
Document Specialist

FAX Aud. #: H98000018088
Letter Number: 498A00049008

CERTIFICATE OF LIMITED PARTNERSHIP

SUN COAST HEART CATH, LTD.

For the purposes of forming a limited partnership in accordance with the provisions of the Florida Revised Uniform Limited Partnership Act, Chapter 620, Part I, Florida Statutes (the "Act"), the undersigned hereby executes and files with the Department of State of the State of Florida this Certificate of Limited Partnership.

A. Name of Partnership: The name of the Limited Partnership shall be "Sun Coast Heart Cath, Ltd."

B. Office and Agent for Service of Process: The office of the Limited Partnership shall be 15438 North Florida Avenue, Suite 200, Tampa, Florida 33613. The name and address of the agent for service of process shall be Paul M. Stanley, 15438 North Florida Avenue, Suite 200, Tampa, Florida 33613. The Limited Partnership may change its office or its registered agent, or both, by filing with the Florida Department of State an amendment complying with Section 620.109 of the Act.

C. Name and Business Address of General Partner: The name and business address of the General Partner is:

Questar Sun Coast Heart Cath, Inc.
15438 North Florida Avenue, Suite 200
Tampa, Florida 33613

998-85736

D. Mailing Address: The mailing address for the Limited Partnership shall be:

Sun Coast Heart Cath, Ltd.
c/o Questar Sun Coast Heart Cath, Inc.
15438 North Florida Avenue, Suite 200
Tampa, Florida 33613

E. Term: The term of the Limited Partnership shall commence on the date on which the Certificate of Limited Partnership is duly filed with the Department of State of the State of Florida and shall continue thereafter until December 31, 2038, unless dissolved or terminated prior thereto in accordance with the terms of the Limited Partnership Agreement.

Prepared by:
Marshall R. Burack, Esq.
One S.E. 3rd Avenue, 28th Floor
Miami, Florida 33131
(305) 374-5600
Florida Bar No. 234621

OCT-07-98 04:48PM FROM-AKERMANTENTERFITT

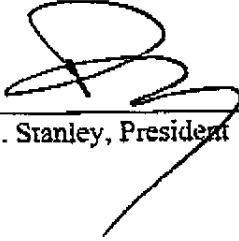
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IN WITNESS WHEREOF, the undersigned, general partner has duly executed this Certificate of Limited Partnership, on behalf of the Limited Partnership, as of the 23rd day of September, 1998.

SUN COAST HEART CATH, LTD.

By: QUESTAR SUN COAST HEART CATH, INC.,
General Partner

By. 
Paul M. Stanley, President

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SUN COAST HEART CATH, LTD.

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned, being duly sworn, hereby certifies as follows.

1. I am the President of Questar Sun Coast Heart Cath, Inc., General Partner of Sun Coast Heart Cath, Ltd., a Florida limited partnership (the "Limited Partnership").
2. As of the date hereof, the Limited Partners of the Limited Partnership have contributed or are expected to contribute up to a total of \$45,000 in cash to the capital of the Partnership.

IN WITNESS WHEREOF, the undersigned, being first duly sworn, has affixed his signature to this Affidavit of Capital Contributions.

SUN COAST HEART CATH, LTD.

By: **QUESTAR SUN COAST HEART CATH, INC.**

By: 
Paul M. Stanley, President


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STATE OF FLORIDA)
COUNTY OF Hall County

I HEREBY CERTIFY that on this day before me, an officer duly qualified to take acknowledgments, personally appeared Paul M. Stanley, the President of Questar Sun Coast Heart Cath, Inc., a Florida corporation, who is personally known to me, and who executed the foregoing Affidavit.

WITNESS my hand and official seal in the County and State aforesaid this 23rd day of September, 1998.




NOTARY PUBLIC