ACCOUNT NO.: 07210000032

REFERENCE: 878769 7200721

AUTHORIZATION:

ORDER DATE: October 27, 2000

ORDER TIME : 11:22 AM

ORDER NO. : 878769-010

CUSTOMER NO: 7200721

CUSTOMER: Scott L. Glazier, Esq

Glazier & Glazier, P.a.

8761 Perimeter Park Blvd.

Ste. 103

Jacksonville, FL 32216

DOMESTIC FILING

NAME: FIVE POINTS HEALTH CARE, LTD.

FILE SECOND

EFFECTIVE DATE:

XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - EXT. 1115

EXAMINER'S INITIALS:

000003442320

Br Id

CERTIFICATE OF LIMITED PARTNERSHIP OF FIVE POINTS HEALTH CARE, LTD.

The undersigned, desiring to form a limited partnership under the Florida Bevised Uniform Limited Partnership Act (1986) hereby certifies:

- The name of the limited partnership is Five Points Health Care, Ltd. (the "Partnership").
- 2. The mailing address and location of the principal place of business of the Partnership is 3030 Hartley Road, Suite 120, Jacksonville, FL 32257, or at such other place as the general partner may designate.
- 3. The street address of the registered office of the Partnership is 8761 Perimeter Park Blvd., Suite 103, Jacksonville, FL 32216 and the name of the registered agent of the Partnership at that address is Glazier & Glazier, P.A.
- 4. The name of the sole general partner of the Partnership is Five Points Managers, Inc. a Florida corporation, having a business address of 3030 Hartley Road, Suite 120, Jacksonville, FL 32257.
- 5. The Partnership shall commence on the date of filing hereof and the latest date upon which the Partnership will dissolve is December 31, 2040.

IN WITNESS WHEREOF, the undersigned does solemnly swear that the foregoing statements are true and correct as of this 25 day of October, 2000.

FIVE POINTS MANAGERS, INC.

Steven W. Sell

Its: President

General Partner

STATE OF FLORIDA COUNTY OF DUVAL

This instrument was acknowledged before me this _____25th day of October, 2000, by Steven W. Sell, as President of Five Points Managers, Inc. a Florida corporation, as general partner of Five Points Health Care, Ltd., a limited partnership, on behalf of said partnership, who is personally known to me or who has produced FL Driver Licenseas identification.



Notary Public

State of Florida at Large

My Commission Expires: April 20,

Commission No: CC929699

Registered Agent's Acceptance

The undersigned, having been named to accept service of process for the above-named limited partnership at the place designated in this Certificate, hereby agrees to act in this capacity and further agrees to comply with the provisions of the Florida Revised Uniform Limited Partnership Act relative to the keeping of said office and the proper and complete performance of his duties.

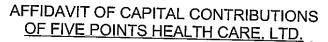
GLAZIER & GLAZIER, P.A.

Dated: 10 25/00

Scott L. Glazier

Its: Vice President

STATE OF FLORIDA COUNTY OF DUVAL



Before me, the undersigned authority, personally appeared Steven W. Sell, President of Five Points Managers, Inc. a Florida corporation, who being by me first duly sworn, deposes and says:

- 1. That Five Points Managers, Inc. is the sole general partner of Five Points Health Care, Ltd., a Florida limited partnership (the "Partnership").
- The limited partners have made no capital contributions to the Partnership as of the date hereof.
- It is anticipated that the limited partners may contribute up to \$1,000.00 of capital to the Partnership.

FIVE POINTS MANAGERS, INC.

Steven W. Sell

Its: President

STATE OF FLORIDA COUNTY OF DUVAL

This instrument was acknowledged before me this __25th day of October, 2000, by Steven W. Sell, as President of Five Points Managers, Inc., a Florida corporation, as general partner of Five Points Health Care, Ltd., a limited partnership, on behalf of said partnership, who is personally known to me or who has produced ______ as identification.

Kerry K Heaps

My Commission CC929699

Expires April 20, 2004

Notary Public

State of Florida at Large

My Commission Expires: April 20, 2004

Commission No: CC929699