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Requester's Name

THE KOHN PARTNERSHIP, L.P.

Attorneys and Counselors at Law

7820 MARYLAND AVENUE SAINT LOUIS, MISSOURI 63105

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OTHER FILINGS	REGISTRATION/QUA	ALIFICATION
Annual Report	Foreign	
Fictitious Name	Limited Partnership	
	Reinstatement	
	Trademark	
	Other	
		Examiner's Initials

CR2E031(7/97)



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

December 20, 2000

THE KOHN PARTNERSHIP LP 7820 MARYLAND AVENUE SAINT LOUIS, MO 63105

SUBJECT: MOBILE BIOPSY MANAGEMENT OF FLORIDA LTD

Ref. Number: W00000029777

We have received your document for MOBILE BIOPSY MANAGEMENT OF FLORIDA LTD and your check(s) totaling \$463.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 or 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) 487-6097.

Michael Mays Document Specialist

Letter Number: 600A00063879

CERTIFICATE OF LIMITED PARTNERSHIP OF MOBILE BIOPSY MANAGEMENT OF FLORIDA LIMITED PARTNERSHIP

1.	The name of this partnership shall be	e: MOBILE BIOPSY MANAGEMENT OF
FLORIDA I	LIMITED PARTNERSHIP.	

2. The name of this Partnership's initial registered agent in the State of Florida is	: C.T.
Corporation System, 1200 South Pine Island Road, Plantation, Florida 33324.	
7.1. Corporation System, Registered Agent	-
(Registered Agent/must sign here to accept designation as Registered Agent for	

Service of Process)

3. The name and mailing address of the general partner is: G. ROBINSON

4. The business and mailing address of the limited partnership is: 164 Baymount Drive, Statesville, North Carolina 28625.

MANAGEMENT OF FLORIDA, INC., 164 Baymount Drive, Statesville, North Carolina 28625.

- 5. The latest date for Partnership dissolution is: December 31, 2099.
- 6. The effective date of this Certificate of Limited Partnership is the date it is filed with the Secretary of State of the State of Florida.

In affirmation thereof, the facts stated above are true.

This 14th day of December, 2000.

GENERAL PARTNER:

G. ROBINSON MANAGEMENT OF FLORIDA, INC.

Robinson, President

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

Before me, the undersigned constituting all of the general partners of MOBILE BIOPSY MANAGEMENT OF FLORIDA LIMITED PARTNERSHIP, a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is \$900.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$900.

This 14th day of December, 2000.

Further affiant sayeth not.

Under the 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.

GENERAL PARTNER:

By: MANAGEMENT OF FLORIDATING.

By: Gary T. Robinson, President

T. Robinson, President

T. Robinson, President