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DASCO COMPANIES

Medical Real Estate

3399 PGA Boulevard, Suite 240
Palm Beach Gardens, FL 33410

MJH

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #) 000003622560--5
-01/26/01--01096--019
*****253.75 *****37.50
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

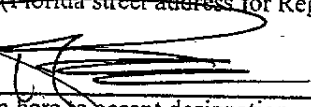
AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

CERTIFICATE OF LIMITED PARTNERSHIP

1. Milton MOB Partners, Ltd.
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 3399 PGA Blvd., Suite 240, Palm Beach Gardens, FL 33410
(Business address of Limited Partnership)
3. Thomas K. Pierce, Esq.
(Name of Registered Agent for Service of Process)
4. 3399 PGA Blvd., Suite 240, Palm Beach Gardens, FL 33410
(Florida street address for Registered Agent)
5.  Thomas K. Pierce
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 3399 PGA Blvd., Suite 240, Palm Beach Gardens, FL 33410
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: 12-31-2099
8. Name(s) of general partner(s):
Milton Medical Equity Investors, Ltd., Street address:
a Florida limited partnership 3399 PGA Blvd., Suite 240,
Palm Beach Gardens, FL 33410

Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 23rd day of January, 2001

Signature of all general partners:

BY: Milton Medical Equity Investors, Ltd.
a Florida limited partnership, General Partner

General Partner

BY: Florida/Milton Medical Equity Investors Corporation,
a Florida corporation, General Partner

General Partner

BY: 

Malcolm S. Sina
President

General Partner

General Partner

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**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED PARTNERSHIP**

The undersigned constituting all of the general partners of _____
Milton MOB Partners, Ltd.
a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 600.00

The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 600.00


Signed this 23rd day of January, 2001

FURTHER AFFIANT SAYETH NOT.

*Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the
contents thereof and that the facts stated herein are true and correct.*

By: Milton Medical Equity Investors, Ltd.
a Florida limited partnership, General Partner

_____ General Partner	_____ General Partner
By: Florida/Milton Medical Equity Investors Corporation, a Florida corporation, General Partner	

_____ General Partner	_____ General Partner
BY:  General Partner Malcolm S. Sina President	_____ General Partner

General Partner