

A01000000584

Anthony C. Guarino
565 108th Ave north
Naples, Fl 34108
941-598-4017

5/1

3/28/01

To whom it may concern,

I am enclosing and would like to request (2) copies for certification of limited partnership. I would like a free and paid copy sent to me. I am enclosing \$96.25 check. I am the contact person and for the acknowledgement.

If you have any questions, please contact me at the address above.

Thank you for your assistance in this matter.

Anthony C. Guarino

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W01-7705

Anthony C. Guarino

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01 MAY - 1 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

April 5, 2001

ANTHONY C. GUARINO
565 108TH AVE. NORTH
NAPLES, FL 34108

SUBJECT: AG HEALTH NET GROUP, LIMITED PARTNERSHIP
Ref. Number: W01000007705

We have received your document for AG HEALTH NET GROUP, LIMITED PARTNERSHIP and your check(s) totaling \$96.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

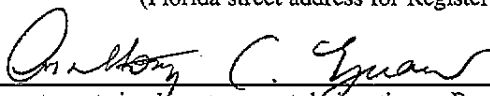
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Michelle Hodges
Document Specialist

Letter Number: 101A00020272

CERTIFICATE OF LIMITED PARTNERSHIP

1. AG HEALTH NET GROUP, LIMITED PARTNERSHIP
(Name of Limited Partnership; must contain a suffix such as "Limited," "LTD," or "Limited Partnership")
2. 565 108th AVE N, NAPLES, FL 34108
(Business address of Limited Partnership)
3. ANTHONY C. GUARINO
(Name of Registered Agent for Service of Process)
4. 565 108th AVE N, NAPLES, FL 34108
(Florida street address for Registered Agent)
5. 
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 565 108th AVE N, NAPLES, FL 34108
(Mailing Address of the Limited Partnership)
7. The latest date upon which the Limited Partnership is to be dissolved is: DEC. 31, 2031
8. Name(s) of general partner(s): ANTHONY C. GUARINO
Street Address: 565 108th AVE N, NAPLES, FL 34108
9. General Character and Nature of Partnership Business:

The Purpose of the Partnership is to engage, through the General partner of the Partnership, in all of the general business activities that a limited partnership may conduct, and, primarily to engage in the business of physical therapy, health consulting, health related direct sales, health related wholesale marketing, etc., and the carrying on of all other business activities incident or convenient thereto.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

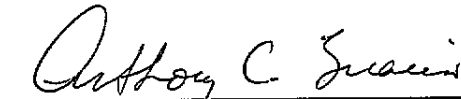
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Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the stated facts stated herein are true and correct.

Signed this 24 day of MARCH, 20 01.

Signature of all general partners:



ANTHONY C. GUARINO, General Partner

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

The undersigned constituting all of the general partners of

AG HEALTH NET GROUP, LIMITED PARTNERSHIP

a Florida Limited Partnership, certify:

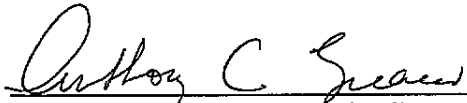
The amount of capital contributions to date of the limited partners is \$ 4,000 .

The total amount of capital contributed and anticipated to be contributed by the limited partners at this time totals \$4,000.

Signed this 24 day of March, 20 01 .

FURTHER AFFIANT SAYETH NOT.

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



ANTHONY C. GUARINO, General Partner