

# **Certificate of Limited Partnership**

**A02000000376  
FILED  
March 18, 2002  
Sec. Of State**

## **Name of Limited Partnership**

ADVANCED MEDICAL BILLING SOLUTIONS, LTD.

## **Business Address of Limited Partnership**

4938 EGRET CT  
COCONUT CREEK, FL. US 33073

## **Mailing Address of Limited Partnership**

4938 EGRET CT  
COCONUT CREEK, FL. US 33073

## **The name and Florida street address of the registered agent is:**

ANTHONY J DESOLA  
4938 EGRET CT  
COCONUT CREEK, FL. US 33073

**I certify that I am familiar with and accept the responsibilities of  
registered agent.**

**Registered Agent Signature:** ANTHONY J DESOLA

**The latest date upon which the Limited Partnership is to be dissolved is:**

12/31/2010

**The name address of all general partners are:**

Title: G  
ANTHONY J DESOLA  
4938 EGRET COURT  
COCONUT CREEK, FL. US 33073

**Affidavit of Capital Contributions  
For Florida Limited Partnership**

**A02000000376  
FILED  
March 18, 2002  
Sec. Of State**

The undersigned constituting all of the general partners of:

ADVANCED MEDICAL BILLING SOLUTIONS, LTD.

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is:

1,000.00

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

10,000.00

Signed this Eighteenth day of March, 2002

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

General Partner Signature: ANTHONY J. DESOLA