# Dec. 23, 2003, 4:49PM Division of Corporations Public Access System

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To:

Division of Corporations

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: (850)205~0383

From

Account Name : KRAMER, GREEN, ZUCKERMAN & KAHN, P.A.

Account Number: 073707002173 Phone: (954)966-2112 Fax Number: (954)981-1605

### FLORIDA LIMITED PARTNERSHIP

SOUTH FLORIDA UROLOGY MANAGEMENT, LTD.

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DIVISION OF CORPORATION

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#### CERTIFICATE OF LIMITED PARTNERSHIP

Pursuant to Section 620.108 of the Florida Statutes, the following statement is made:

- The name of the Limited Partnership is SOUTH FLORIDA UROLOGY MANAGEMENT, LTD.
- The address of the office and the name and address of the agent for service of process required to be maintained by Section 620.105 of the Florida Statutes is:

Robert M. Kramer
KRAMER, GREEN, ZUCKERMAN, GREENE & BUCHSBAUM, P.A.
4000 Hollywood Blvd., Suite 485 South
Hollywood, Florida 33021

3. The name and business address of each General Partner is:

SOUTH FLORIDA UROLOGY MANAGEMENT G.P., L.L.C. 21150 Biscayne Boulevard Suite 404 Aventura, FL 33180

4. The mailing address and street address for the Limited Partnership is:

21150 Biscayne Boulevard Suite 404 Aventura, FL 33180

5. The latest date upon which the Limited Partnership is to dissolve is December 31, 2038.

SOUTH FLORIDA UROLOGY MANAGEMENT

JACK-PINES, President

General Partner

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STATE OF FLORIDA }

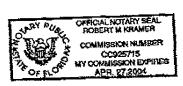
COUNTY OF MIAMI-DADE }

NOTARY PUBLIC

Robert M. Kramon

Printed Name

My Commission Expires:



SECHEMAN OF STATE

K:\BOB\URO-MEDIX\\$FUM,LTD\CERTIF.LP\$.wpd

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#### LIMITED PARTNERSHIP AFFIDAVIT

STATE OF FL	ORIDA	)
COUNTY OF	MIAMLDADE	}

Pursuant to Section 620.108 of the Florida Statutes, the following statement is made:

- 1. The undersigned is the sole General Partner of SOUTH FLORIDA UROLOGY MANAGEMENT, LTD.
- The amount of the original capital contributions of the Limited Partners is \$1,000.00. The additional amount anticipated to be contributed by the Limited Partners is \$0.

FURTHER AFFIANT SAYETH NAUGHT.

SOUTH FLORIDA UROLOGY MANAGEMENT G.P., L.L.C.

PINĖS. President

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared JACK PINES, President of SOUTH FLORIDA UROLOGY MANAGEMENT G.P., L.L.C., a Florida limited liability company, General Partner, of SOUTH FLORIDA UROLOGY MANAGEMENT LTD., to me known to be the person described in and who executed the foregoing timited? Partnership Affidavit and he acknowledged before me that he executed the same He is personally known to me or who did produce -as identific and he did take an oath.

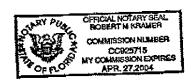
WITNESS my hand and official seal in the County and State last aforesaid the day of \_\_\_\_\_\_, 2003.

My Commission Expires:

ROBERT M. KRAMER

Printed Name of Notary Public

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## ACKNOWLEDGMENT OF APPOINTMENT OF REGISTERED AGENT

SOUTH FLORIDA UROLOGY MANAGEMENT, LTD.

The undersigned, having been named the Registered Agent for the above Limited Partnership at 4000 Hollywood Boulevard, Suite 485 South, Hollywood, Florida 33021, the undersigned hereby accepts the same and agrees to act in this capacity and agrees to comply with the provisions of Florida law relative to keeping the registered office open.

Dated: December 22 , 2003.

REGISTERED AGENT

ROBERT M. KRAMER

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SECHENARY OF STATE