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To:

Division of Corporations

Fax Number

: (850)205-0383

From: '

Account Name

: BILZIN, SUMBERG BAENA PRICE & AXELROD LLP.

Account Number: 075350000132 Phone

: (305)374-7580

Fax Number

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FLORIDA LIMITED PARTNERSHIP

College Health II, Ltd.

Certificate of Status	1
Certified Copy	1
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Estimated Charge	\$1,846.25

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JIVISION OF CORPORAT

CERTIFICATE OF LIMITED PARTNERSHIP OF COLLEGE HEALTH II, LTD.

The undersigned, desiring to form a limited partnership in accordance with the provisions of the Florida Revised Uniform Limited Partnership Act of 1986, as set forth in Sections 620.101 to 620.192, Florida Statutes, as amended, hereby states as follows:

- 1. The name of the limited partnership is College Health II, Ltd., a Florida limited partnership (the "Limited Partnership").
 - 2. The address of the registered office of the Limited Partnership is:

c/o Samuel I. Burstyn, P.A. 2 Biscayne Boulevard Suite 2600 Miami, Florida 33131

3. The name and address of the agent for service of process required to be maintained by Section 620.105, Florida Statutes, as amended, are:

Samuel I. Burstyn 2 Biscayne Boulevard Suite 2600 Miami, Florida 33131

4. The name and business address of the sole general partner of the Limited

Partnership are:

College Health II GP, Inc.,
a Florida corporation
c/o Samuel I. Burstyn, P.A.
2 Biscayne Boulevard
Suite 2600
Miami. Florida 33131

5. The mailing address for the Limited Partnership is:

c/o Samuel I. Burstyn, P.A. 2 Biscayne Boulevard Suite 2500 Miami, Florida 33131

6. The latest date upon which the Limited Partnership is to dissolve is December 31, 2053.

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The execution of this Certificate of Limited Partnership on behalf of the undersigned sole general partner constitutes an affirmation that the facts stated herein are true.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed in the name and on behalf of the sole general partner of the Limited Partnership as of the Statutory, 2004

GENERAL PARTNER:

College Health II GP, LLC, a Florida corporation

By: President

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

The undersigned, having been designated as registered agent for College Health II, Ltd., a Florida limited partnership (the "Limited Partnership"), in the foregoing Certificate of Limited Partnership of the Limited Partnership, hereby agrees that he will accept service of process for and on behalf of the Limited Partnership and that he will comply with any and all laws, including, without limitation, Section 620.192, Florida Statutes, as amended, relating to the complete and proper performance of the duties and obligations of a registered agent of a Florida limited partnership.

Dated: 1/8/2004

Samuel I. Burstyn Registered Agent

SEURETARY OF STATE

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FLORIDA LIMITED PARTNERSHIP

The undersigned constituting all of the general partners ofCollege Health II.
a Florida Limited Partnership, certify:
The amount of capital contributions to date of the limited partners is \$ 200,000.00
The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$\(\frac{1}{2}\),000,000.00
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.
GENERAL PARTNER:
College Health II GP, Inc., a Florida corporation