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To:

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From:

Account Name

: LAWRENCE J. DIAMOND, P.A.

Account Number : 12000000008 Phone

: (561)630-5055

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FLORIDA LIMITED PARTNERSHIP

FOREST PARK MEDICAL EQUITY INVESTORS LIMITED PARTNER

Certificate of Status	. 0
Certified Copy	1
Page Count	05
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CERTIFICATE OF LIMITED PARTNERSHIP OF FOREST PARK MEDICAL EQUITY INVESTORS LIMITED PARTNERSHIP

The undersigned, desiring to form a limited partnership pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act (1986), hereby states the following:

1. Name of Limited Partnership. The name of the limited partnership is:

> Forest Park Medical Equity Investors Limited Partnership (the "Partnership")

Address of the Partnership. The office address of the Partnership is located 2. at:

> 3801 PGA Boulevard, Suite 600 Palm Beach Gardens, Florida 33410

Registered Agent and Office. The name and address of the registered agent of the Partnership for service of process pursuant to Section 620.105, Florida Statutes, are:

> REGSERV CORP. 3801 PGA Boulevard, Suite 600 Palm Beach Gardens, Florida 33410

Name and Address of the General Partner. The name and address of the sole general partner of the Partnership are:

> Forest Park Medical Equity, LLC 3801 PGA Boulevard, Suite 600 Palm Beach Gardens: Florida 33410

Mailing Address of the Partnership. The mailing address of the Partnership 5.

> 3801 PGA Boulevard, Suite 600 Paim Beach Gardens, Florida 33410

Effective Date of Limited Partnership. The effective date of the Partnership shall be the date the Certificate is filed with the Secretary of State of Florida.

is:

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7. <u>Dissolution of the Partnership</u>. The latest date upon which the Partnership is to dissolve is December 31, 2104.

The execution of this Certificate of Limited Partnership by the undersigned sole General Partner of the Partnership constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Limited Partnership this 22 day of January, 2004.

FOREST PARK MEDICAL EQUITY, LLC, a Florida limited liability company, Sole General Partner

Bv:

Patrick & DiSalvo, Vice President

ACCEPTANCE BY REGISTERED AGENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED PARTNERSHIP, AT THE PLACE DESIGNATED IN NUMBER 3 OF THIS CERTIFICATE OF LIMITED PARTNERSHIP, THE UNDERSIGNED HEREBY AGREES TO ACT IN THIS CAPACITY, AND FURTHER AGREES TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE DISCHARGE OF ITS DUTIES.

Dated this 12 b day of January, 2004.

REGSERV CORP., a Florida corporation

Jan-13-04 11:09AM;

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF FLORIDA)
) 88:
COUNTY OF PALM BEACH)

BEFORE ME, the undersigned notary public, personally appeared Patrick J. DiSalvo, Vice President of Forest Park Medical Equity, LLC, a Florida limited liability company, which is the sole general partner of Forest Park Medical Equity Investors Limited Partnership, a Florida limited partnership (the "Partnership"), whose business address is 3801 PGA Boulevard, Suite 600, Palm Beach Gardens, Florida 33410, who, upon being duly sworn, certifies on behalf of the Partnership the following:

- The amount of capital contributions to the Partnership made by the limited partners is \$0.00.
- The amount anticipated to be contributed by the limited partners is 2. \$1,000.00.

FURTHER AFFIANT SAYETH NOT:

Under penalties of perjury, I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

Dated: January 12, 2004

FOREST PARK MEDICAL EQUITY, LLC, a Floridá : limited liability company, Sole General Partner

Ву:

Patrick J. DiSalvo, Vice President

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Sworn to and subscribed before me this 12 day of January, 2004 by Patrick J. DiSalvo, as Vice President of Forest Park Medical Equity, LLC, a Florida limited liability company, on behalf of the limited liability company. Personally known X or produced _____ as identification.

Amy Ackgrd Lowe
MY COMMISSION # CC756023 EXPIRES
May 11, 2004
80H0F0 THRU TROY FAIR INSURANCE, INC.

(NOTARIAL SEAL)

NOTARY PUBLIC

Print:

State of Florida at Large My commission expires:_

Serial Number, if any:_

SECRETARY 5 ATT