

Certificate of Limited Partnership

A04000001791
FILED
November 16, 2004
Sec. Of State
jbryan

Name of Limited Partnership:

NORTH COLLIER SLEEP DIAGNOSTICS LAB. LTD

Business Address of Limited Partnership:

11181 HEALTH PARK BLVD.
SUITE 2240
NAPLES, FL. 34110

Mailing Address of Limited Partnership:

11179 HEALTH PARK BLVD.
NAPLES, FL. 34108

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

ALEMANY MAYRA
12864 BRYNWOOD WAY
NAPLES
FL, FL. 34108

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

Registered Agent Signature: MAYRA ALEMANY

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

11/16/2090

The name and address of all general partners are:

Title: G
JOSE, R MARQUINA SR.
P.O.BOX 111179
NAPLES, FL. 34108

Title: G
CANDICE A MARQUINA
P.O.BOX 111179
NAPLES, FL. 34108

The effective date for this Limited Partnership shall be:

11/16/2004

Affidavit of Capital Contributions For Florida Limited Partnership

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The undersigned constituting all of the general partners of:
NORTH COLLIER SLEEP DIAGNOSTICS LAB. LTD

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is:
0.00

The total amount contributed and anticipated to be contributed by the
limited partners at this time totals:
0.00

Signed this Sixteenth day of November, 2004

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: JOSE MARQUINA

General Partner Signature: CANDICE MARQUINA