

Certificate of Limited Partnership

A05000000561
FILED
March 22, 2005
Sec. Of State
gharvey

Name of Limited Partnership:

ALLHEALTH SOLUTIONS LIMITED PARTNERSHIP

Business Address of Limited Partnership:

460 NW 20TH STREET
APT# 208D
BOCA RATON, FL. 33431

Mailing Address of Limited Partnership:

460 NW 20TH STREET
APT# 208D
BOCA RATON, FL. 33431

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

ADRIANE M CHATTERTON
460 NW 20TH STREET
APT# 208D
BOCA RATON, FL. 33431

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

Registered Agent Signature: ADRIANE CHATTERTON

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

03/15/2200

The name and address of all general partners are:

Title: G
GERALD CHATTERTON FAMILY TRUST
11452 SEAGRASS CIRCLE
BOCA RATON, FL. 33498

The effective date for this Limited Partnership shall be:

03/22/2005

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

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The undersigned constituting all of the general partners of:
ALLHEALTH SOLUTIONS LIMITED PARTNERSHIP

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is:
100.00

The total amount contributed and anticipated to be contributed by the
limited partners at this time totals:
1,000.00

Signed this Twenty Second day of March, 2005

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: ADRIANE CHATTERTON