

## **Certificate of Limited Partnership**

**A05000001138**  
**FILED**  
**June 09, 2005**  
**Sec. Of State**  
gharvey

Name of Limited Partnership:

PETER URBAN, M.D., LTD

Business Address of Limited Partnership:

8809 COMMODITY CIRCLE  
ORLANDO, FL. 32819

Mailing Address of Limited Partnership:

8809 COMMODITY CIRCLE  
ORLANDO, FL. 32819

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

PETER URBAN M.D.  
8809 COMMODITY CIRCLE  
ORLANDO, FL. 32819

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

Registered Agent Signature: PETER URBAN, M.D.

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

PERPETUAL

The name and address of all general partners are:

Title: G  
PETER URBAN M.D.  
8809 COMMODITY CIRCLE  
ORLANDO, FL. 32819

The effective date for this Limited Partnership shall be:

06/09/2005

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

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The undersigned constituting all of the general partners of:  
PETER URBAN, M.D., LTD

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is:  
500.00

The total amount contributed and anticipated to be contributed by the  
limited partners at this time totals:  
500.00

Signed this Ninth day of June, 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: PETER URBAN, M.D.