

# **Certificate of Limited Partnership**

**A06000001159**  
**FILED**  
**October 05, 2006**  
**Sec. Of State**  
**gharvey**

Name of Limited Partnership:

INNMED SOUTHWEST CRYOTHERAPY, L.P.

Street Address of Limited Partnership:

1890 STATE ROAD 436  
SUITE 273  
WINTER PARK, FL. US 32792

Mailing Address of Limited Partnership:

1890 STATE ROAD 436  
SUITE 273  
WINTER PARK, FL. US 32792

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

WILLIAM P WEATHERFORD JR  
1150 LOUISIANA AVENUE  
SUITE 4  
WINTER PARK, FL. 32789

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

Registered Agent Signature: WILLIAM P. WEATHERFORD, JR.

The name and address of all general partners are:

Title: G  
INNMED, INC.  
1890 STATE ROAD 436, SUITE 273  
WINTER PARK, FL. 32792 US

The effective date for this Limited Partnership shall be:

10/05/2006

Signed this Fifth day of October, 2006

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: WILLIAM P. WEATHERFORD, JR.