

Certificate of Limited Partnership

A06000001264
FILED
November 01, 2006
Sec. Of State
gharvey

Name of Limited Partnership:

INNMED FRONT RANGE CRYOTHERAPY, LP

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:

11/01/2006

Signed this First day of November, 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.