

## **Certificate of Limited Partnership**

**A07000000605**  
**FILED**  
**April 20, 2007**  
**Sec. Of State**  
gharvey

Name of Limited Partnership:

PHYSICIAN DISPENSING, LTD.

Street Address of Limited Partnership:

2817 EAST OAKLAND PARK BLVD.  
302  
FORT LAUDERDALE, FL. 33306

Mailing Address of Limited Partnership:

P.O. BOX 530543  
MIAMI SHORES, FL. 33157

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

MIDLAND MEDICAL - BROWARD, INC  
2817 EAST OAKLAND PARK BLVD.  
302  
FORT LAUDERDALE, FL. 33306

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

Registered Agent Signature: BOB NELSON

The name and address of all general partners are:

Title: G  
MIDLAND MEDICAL - BROWARD, INC  
2817 EAST OAKLAND PARK BLVD., # 302  
FORT LAUDERDALE, FL. 33306

The effective date for this Limited Partnership shall be:

04/20/2007

Signed this Twentieth day of April, 2007

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: BOB NELSON