

## **Certificate of Limited Partnership**

**A07000000774**  
**FILED**  
**June 12, 2007**  
**Sec. Of State**  
gharvey

Name of Limited Partnership:

WEST BOYNTON MEDICAL CENTER, LTD.

Street Address of Limited Partnership:

155 NORTH CONGRESS AVENUE  
BOYNTON BEACH, FL. US 33436

Mailing Address of Limited Partnership:

155 NORTH CONGRESS AVENUE  
BOYNTON BEACH, FL. US 33436

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

ANDREW K FEIN  
980 N FEDERAL HIGHWAY  
SUITE 412  
BOCA RATON, FL. 33432

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

Registered Agent Signature: ANDREW K. FEIN

The name and address of all general partners are:

Title: G  
WEST BOYNTON MEDICAL CENTER, LLC  
155 NORTH CONGRESS AVENUE  
BOYNTON BEACH, FL. 33436

Signed this Twelfth day of June, 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: MARTY JACOB