A07 00000 1229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

A07-1229

CERTIFICATE OF LIMITED PARTNERSHIP
OF
Anesco Medical Services – THH, LP

1. Anesco Medical Services – THH, LP

   (name of Limited Partnership must contain a suffix such as "Limited Partnership", "L.P." or "LP")

2. 2799 NW Boca Raton Blvd., Suite 203, Boca Raton, FL 33431

   (The business address of the Limited Partnership)

3. Steven A. Sciarretta, Esquire

   (Name of Registered Agent for Service of Process)

4. 2799 NW Boca Raton Blvd., Suite 203, Boca Raton, FL 33431

   (Florida street address of Registered Agent)

5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

   (Registered Agent must sign here to accept designation as Registered Agent)

6. Set forth on Line #2

   (The mailing address of the Limited Partnership)

7. NAME OF GENERAL PARTNER — SPECIFIC ADDRESS

   Anesco Management Company, LLC — L07-110732

   2799 NW Boca Raton Blvd.
   Suite 203
   Boca Raton, FL 33431

8. The effective date of this limited partnership shall be the date of filing.

Signed this 30th day of October, 2007
Signature of General Partner:

Steven A. Sciarretta
On behalf of Anesco Management Company, LLC

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