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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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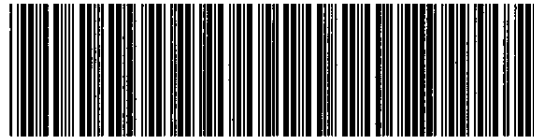
(Business Entity Name)

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2007 OCT 31 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A07-1229
AL

**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

Anesco Management Company, LLC

SPECIFIC ADDRESS

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

607-110732

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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TALLAHASSEE, FLORIDA