

Certificate of Limited Partnership

A07000001258
FILED
November 13, 2007
Sec. Of State
gharvey

Name of Limited Partnership:

FAMILY DENTAL AT CONNERTON LP

Street Address of Limited Partnership:

7918 LAND O' LAKES BLVD
101
LAND O' LAKES, FL. 34638

Mailing Address of Limited Partnership:

PO BOX 601741
N. MIAMI BEACH, FL. 33160

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

MICHAEL E NOVY DR.
16400 COLLINS AVE.
C4
SUNNY ISLES BEACH, FL. 33160

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

Registered Agent Signature: MICHAEL NOVY

The name and address of all general partners are:

Title: G
MICHAEL E NOVY DR.
16400 COLLINS AVE. APT. C4
SUNNY ISLES BEACH, FL. 33160

Title: G
JUANA R FELIZ DR.
16400 COLLINS AVE. APT. C4
SUNNY ISLES BEACH, FL. 33160

The effective date for this Limited Partnership shall be:

11/13/2007

Signed this Thirteenth day of November, 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: MICHAEL NOVY

General Partner Signature: JUANA FELIZ