

Certificate of Limited Partnership

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FILED
October 06, 2008
Sec. Of State
gharvey

Name of Limited Partnership:

CRANE CREEK SURGICAL PARTNERS, LLLP

Street Address of Limited Partnership:

930 SOUTH HARBOR CITY BOULEVARD
MELBOURNE, FL. US 32901

Mailing Address of Limited Partnership:

930 SOUTH HARBOR CITY BOULEVARD
MELBOURNE, FL. US 32901

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

JOHN R KANCILIA
1795 WEST NASA BOULEVARD
MELBOURNE, FL. 32901

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

Registered Agent Signature: JOHN R. KANCILIA

The name and address of all general partners are:

Title: G
CRANE CREEK SURGICAL PARTNERS MANAGEMENT L
930 SOUTH HARBOR CITY BOULEVARD
MELBOURNE, FL. 32901 US

This Limited Partnership is a Limited Liability Limited Partnership.

Signed this Sixth day of October, 2008

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: MARTIN A. LENOCI, DPM