

Dec. 8. 2009 10:31 AM

No. 2006 Pa. 1 of 1

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

*Yvonne Mendez*  
Account Name : GRAY ROBINSON, P.A.  
Account Number : 075154001651  
Phone : (321) 727-8100  
Fax Number : (321) 984-4122

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TALLAHASSEE, FLORIDA

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: santoro@slshealth.com

FLORIDA/FOREIGN LP/LLLP  
Davies-Patrick Group, LLLP

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Corporate Filing Menu

Help

J. BRYAN

DEC - 9 2009

EXAMINER

**CERTIFICATE OF LIMITED PARTNERSHIP  
FOR  
FLORIDA LIMITED PARTNERSHIP  
OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. Davies-Patrick Group, LLLP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)  
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.  
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.  
or LLLP.

2. 9175 Mississippi Run  
(Street address of initial designated office)

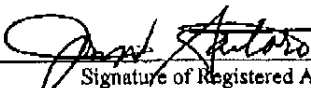
Brooksville, Florida 34613

3. Joseph Santoro, Ph.D.  
(Name of Registered Agent for Service of Process)

4. 9175 Mississippi Run  
(Florida street address for Registered Agent)

Brooksville, Florida 34613

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.*

  
\_\_\_\_\_  
Signature of Registered Agent

6. 9175 Mississippi Run  
(Mailing address of initial designated office)

Brooksville, Florida 34613

7. If limited partnership elects to be a limited liability limited partnership, check box ☒

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8. Name and business address of each general partner:

Name:

Business Address:

Joseph Santoro, Ph.D.

9175 Mississippi Run

Brooksville, Florida 34613

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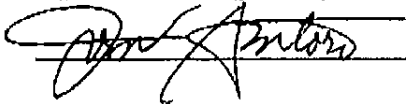
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9. Effective date, if other than the date of filing: \_\_\_\_\_

*(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)*

Signed this 25<sup>th</sup> day of November, 2009.

Signature of each general partner:

  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Filing Fees:**

**\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)**

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**