

Certificate of Limited Partnership

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FILED
March 04, 2011
Sec. Of State
gharvey

Name of Limited Partnership:

ADAAB LIMITED PARTNERSHIP

Street Address of Limited Partnership:

2625 LEE BLVD
SUITE 104
LEHIGH ACRES, FL. US 33971

Mailing Address of Limited Partnership:

PO BOX 3445
N FORT MYERS, FL. US 33918

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

LEHIGH PULMONARY & SLEEP ASSOCIATES, P.A.
2625 LEE BLVD
103
LEHIGH ACRES, FL. 33971

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

Registered Agent Signature: ALAA EL-GENDY

The name and address of all general partners are:

Title: G
LEHIGH PULMONARY & SLEEP ASSOCIATES, P.A.
2625 LEE BLVD, SUITE 103
LEHIGH ACRES, FL. 33971

The effective date for this Limited Partnership shall be:

03/04/2011

Signed this Fourth day of March, 2011

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: ALAA EL-GENDY

The individual(s) signing this document affirm(s) that the facts stated herein are true and the individual(s) is/are aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.