

Certificate of Limited Partnership

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FILED
June 16, 2011
Sec. Of State
gharvey

Name of Limited Partnership:

EMINENT PHARMACY GROUP, LTD.

Street Address of Limited Partnership:

191 N.W. 130 AVENUE
MIAMI, FL. 33182

Mailing Address of Limited Partnership:

191 N.W. 130 AVENUE
MIAMI, FL. 33182

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

BRIAN C PERLIN
201 ALHAMBRA CIRCLE
503
CORAL GABLES, FL. 33182

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

Registered Agent Signature: BRIAN C. PERLIN

The name and address of all general partners are:

Title: G
EMINENT PHARMACY MANAGEMENT, LLC
191 N.W. 130 AVENUE
MIAMI, FL. 33182

The effective date for this Limited Partnership shall be:

06/16/2011

Signed this Sixteenth day of June, 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: JULIO J. MARTIN

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.