

Certificate of Limited Partnership

A11000000686
FILED
September 19, 2011
Sec. Of State
gharvey

Name of Limited Partnership:

INTERNAL MEDICINE NETWORK GROUP L.L.L.P

Street Address of Limited Partnership:

8087 SORRENTO LANE
NAPLES, FL. 34114

Mailing Address of Limited Partnership:

9522 GREENPOINTE DR
TAMPA, FL. 33626

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

ATKINSON WILLIAM
9522 GREENPOINTE DR
TAMPA, FL. 33626

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

Registered Agent Signature: WILLIAM ATKINSON

The name and address of all general partners are:

Title: G
INSIGHT GROUP LLC
4700 MILLENIA BLVD
ORLANDO, FL. 32839

Title: G
RON DANIEL
8087 SORRENTO LANE
NAPLES, FL. 34114

Title: G
WILLIAM ATKINSON
9522 GREENPOINTE DR
TAMPA, FL. 32805

Title: G
WAYNE ATKINSON
2881 TELSTAR AVENUE
ORLANDO, FL. 32805

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The effective date for this Limited Partnership shall be:

09/19/2011

This Limited Partnership is a Limited Liability Limited Partnership.

Signed this Nineteenth day of September, 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: WAYNE ATKINSON

General Partner Signature: RON DANIEL

General Partner Signature: WILLIAM ATKINSON

General Partner Signature: WAYNE ATKINSON

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.