

Certificate of Limited Partnership

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FILED
December 17, 2013
Sec. Of State
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Name of Limited Partnership:

SARASOTA ALTAMIRA II INVESTORS, LP

Street Address of Limited Partnership:

10759 CORY LAKE DRIVE
TAMPA, FL. 33647

Mailing Address of Limited Partnership:

10759 CORY LAKE DRIVE
TAMPA, FL. 33647

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

BLMP FLORIDA HEALTHCARE REGIONAL CTR LLC
10759 CORY LAKE DRIVE
TAMPA, FL. 33647

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

Registered Agent Signature: LOUIE G MACALINAO

The name and address of all general partners are:

Title: G
BLMP FLORIDA HEALTHCARE REGIONAL CTR LLC
10759 CORY LAKE DRIVE
TAMPA, FL. 33647

The effective date for this Limited Partnership shall be:

12/18/2013

Signed this Seventeenth day of December, 2013

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: LOUIE G MACALINAO

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.