

Certificate of Limited Partnership

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FILED
December 31, 2014
Sec. Of State
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Name of Limited Partnership:

ORTHOPRO MANAGEMENT, LTD.

Street Address of Limited Partnership:

4801 SOUTH CONGRESS AVE
LAKE WORTH, FL. 33461

Mailing Address of Limited Partnership:

4801 SOUTH CONGRESS AVE
LAKE WORTH, FL. 33461

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

DAVID J MENKHAUS
1900 GLADES ROAD
SUITE 401
BOCA RATON, FL. 33431

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

Registered Agent Signature: DAVID J. MENKHAUS

The name and address of all general partners are:

Title: G
ORTHOPRO MANAGEMENT, LLC
4801 SOUTH CONGRESS AVE
LAKE WORTH, FL. 33461

Signed this Thirty First day of December, 2014

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: JOHN E. HORNBERGER

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.