

Certificate of Limited Partnership

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FILED
May 11, 2015
Sec. Of State
nculligan

Name of Limited Partnership:

CELEBRATION ORTHOPAEDIC AND SPINE INSTITUTE LP

Street Address of Limited Partnership:

10108 TAVISTOCK ROAD
ORLANDO, FL. 32827

Mailing Address of Limited Partnership:

10108 TAVISTOCK ROAD
ORLANDO, FL. 32827

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

CELEBRATION MINIMALLY INVAISIVE SPINE INST
10108 TAVISTOCK ROAD
ORLANDO, FL. 32827

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

Registered Agent Signature: FAISSAL ZAHRAWI MD

The name and address of all general partners are:

Title: G
CELEBRATION MINIMALLY INVAISIVE SPINE INST
10108 TAVISTOCK ROAD
ORLANDO, FL. 32827

Title: G
CELEBRATION FOOT & ANKLE INSTITUTE
1350 CRESCENT LAKE DRIVE
WINDERMERE, FL. 34786

The effective date for this Limited Partnership shall be:

05/15/2015

Signed this Eleventh day of May, 2015

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: FAISSAL ZAHRAWI M.D.

General Partner Signature: DUANE MCRORIE M.D.

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.