

Certificate of Limited Partnership

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FILED
June 01, 2016
Sec. Of State
ncausseauX

Name of Limited Partnership:

CARESTREAM MEDICAL LTD

Street Address of Limited Partnership:

774 NORTHLAKE BLVD
SUITE 1016
ALTAMONTE SPRINGS, FL. 32701

Mailing Address of Limited Partnership:

774 NORTHLAKE BLVD
SUITE 1016
ALTAMONTE SPRINGS, FL. 32701

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

SWANN HADLEY STUMP DIETRICH & SPEARS PA
1031 WEST MORSE BLVD
SUITE 350
WINTER PARK, FL. 32789

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

Registered Agent Signature: RALPH V HADLEY III

The name and address of all general partners are:

Title: G
CARESTREAM AMERICA LLC
774 NORTHLAKE BLVD SUITE 1016
ALTAMONTE SPRINGS, FL. 32701

Signed this First day of June, 2016

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: SCOTT BLAKE PETRUNICK

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.