

# Certificate of Limited Partnership

A18000000157  
FILED  
April 16, 2018  
Sec. Of State  
ncausseaux

Name of Limited Partnership:

DOCTORS PROFESSIONAL NETWORK, LLLP

Street Address of Limited Partnership:

6800 N DALE MABRY HWY  
SUITE 248  
TAMPA, FL. US 33614

Mailing Address of Limited Partnership:

6800 N DALE MABRY HWY  
SUITE 248  
TAMPA, FL. US 33614

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

ASIF K HAKEEM  
6800 N DALE MABRY HWY  
SUITE 248  
TAMPA, FL. 33614

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

Registered Agent Signature: ASIF K HAKEEM

The name and address of all general partners are:

Title: G  
ASIF K HAKEEM  
6800 N DALE MABRY HWY., SUITE 248  
TAMPA, FL. 33614 US

Title: G  
ABRAHAM M KHAN  
14049 NOTREVILLE WAY  
TAMPA, FL. 33624 US

This Limited Partnership is a Limited Liability Limited Partnership.

Signed this Sixteenth day of April, 2018

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: ASIF K HAKEEM

General Partner Signature: ABRAHAM M KHAN

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.