1201 HAYS STREET TALLAHASSEE, FL 32301 904-222-91 1006-22-193 TAX 1006-22-193 TAX



PRESIDE HALL LUGALA I ISANCIAL SURVICES	
ACCOUNT NO. : 078100000038 REFERENCE : 013906 01306A AUTHORIZATION : COST LIMIT : 4 PPD	FILED ST SECRETARY OF ST DIVISION OF TOAP ON 96 JAN 22 M 7
ORDER DATE: January 22, 1996 ORDER TIME: 10:0 AM ORDER NO.: 013906 CUSTOMER NO: 01386A CUSTOMER: Robert E. Aylward, Esq ROBERT E. AYLWARD, ESQ RESIDENT	51 PE
Suite 2425 100 North Tampa Street Tampa, FL 33602 WY	MAZNA BINASIA
DOMESTIC FILING NAME: PSA INVESTORS OF ORLANDO, LTD.	PRECEIVED 96 JHI 22 HI II: 05 DIVISION OF CURPORATION
ARTICLES OF INCORPORATION XXCERTIFICATE OF LIMITED PARTMERSHIP	500001698785 -01/26/9601011029 ***1802.50 ***1802.50
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX	500001698785 -01/26/9601011030 *****35.00 *****35.00
CONTACT PERSON: Unassigned Contact PERSON: Unass	~ 12/96

The undersigned general partner of PSA INVESTORS OF ORLANDO, LTD. ("Partnership") hereby forms a limited partnership under the provisions of the Florida Revised Uniform Limited Partnership Act (the "Act"), and pursuant to the following certificate of limited partnership.

ARTICLE 1

Name

The name of this Partnership is:

PSA Investors of Orlando, Ltd.

ARTICLE 2

Principal Office

The address of the office of the Partnership is: 825 North Garland Avenue, Suite 201, Orlando, Florida 32801.

ARTICLE 3

General Partner

The name and business address of the sole general partner of the Partnership are:

General Partner

Address

Physicians Strategic Alliance, Inc.

825 North Garland Ave. Suite 201 Orlando, FL 32801

6920 0008210 2

ARTICLE 4

Mailing Address

The mailing address for the Partnership is: 825 North Garland Avenue, Suite 201, Orlando, Florida 32801.

ARTICLE 5

Duration

The latest date upon which the Partnership is to be dissolved is December 31, 2030.

ARTICLE 6

Agent for Service of Process

The name and address of the agent for service of process required to be maintained by Section 620.105 of the Act are: Robert E. Aylward, Esq., 100 North Tampa Street, Suite 2425, Tampa, Florida 33602.

Under penalties of perjury, I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 18th day of January, 1996.

PHYSICIANS STRATEGIC ALLIANCE INC., & PAOrida corporation

its

By: Sapp,

President

STATE OF FLORIDA
COUNTY OF HILLS ROLD SH

The foregoing instrument was sworn to and subscribed before me this 10 day of 1996, by D. Jeffery Sapp, President of Physicians Strategic Alliance, Inc., a Florida corporation, the General Partner of PSA Investors of Orlando, Ltd., a Florida limited partnership, on behalf of the partnership. He is personally known to be or did produce

____as identification:-

Notary Public

My Commission Expires:

CALLIE A. SNOW
MY COMMISSION & CC 422050
EXPIRES: March 20, 1999
Bended Thru Notary Public Underwriters

PSA INVESTORS OF ORLANDO, LTD. ACCEPTANCE OF SERVICE AS REGISTERED AGENT

The undersigned, Rebert E. Aylward, having been named as Registered Agent to accept service of process for the above named Partnership, at the registered office designated in the Certificate of Limited Partnership, hereby agrees and consents to act in that capacity.

Robert E. Aylward

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A_FLORIDA_LIMITED_PARTNERSHIP

The undersigned, constituting all of the general partners of PSA Investors of Orlando, Ltd., a Florida limited partnership, certifies as follows:

The amount of capital contributions to date of the limited partners is \$10.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$300,000.00.

Signed this 18th day of JANUARY, 1996.

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury, I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

PHYSICIANS STRATEGIC ALLIANCE, INC., a Florida gorporation

By: D. Jeffery Sapp, its

President

STATE OF FLORIDA
COUNTY OF HILLS BOROUGH

____as identification and did take an eath.

Notary Public

My Commission Expires:

CALLIE A. SNOW

MY COMMISSION # CC 422050

EXPIRES: March 20, 1999

Bonded Thru Notary Public Underwritten

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