

Document Number Only

A9600000 1100

| | | | |
|---------------------------|-------|-------|----------|
| CT CORPORATION SYSTEM | | | |
| Requestor's Name | | | |
| 660 East Jefferson Street | | | |
| Address | | | |
| Tallahassee, FL | | 32301 | 222-1092 |
| City | State | Zip | Phone |
| CORPORATION(S) NAME | | | |

FILED - SECTIONS
RECEIVED
JUN 11 PM 3:34

PSA Home Healthcare, Limited Partnership

200001861652
-06/14/96--01007--013
***1785.00 ***1785.00

- | | | |
|---|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Liability Co. | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of R.A. |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Fic. Name |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> CUS | |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> After 4:30 |
| <input type="checkbox"/> Call If Problem | <input checked="" type="checkbox"/> Walk In | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

| | |
|-------------------|----|
| Name | BK |
| Availability | |
| Document Examiner | |
| Updater | |
| Verifier | |
| Acknowledgment | |
| W.P. Verifier | |

CR2E031 (1-89)

5-21-96

| | |
|--------------|---------|
| 1. FIAA | _____ |
| FILING | 1750.00 |
| 2. AGENT FEE | 30.00 |
| 3. COPY | _____ |
| TOTAL | 1780.00 |
| V. PAID | _____ |
| BALANCE DUE | _____ |
| RECEIVED | _____ |

PLEASE RETURN EXTRA COPIES
FILE STAMPED

RECEIVED
JUN 21 PM 1:12
DIVISION OF CORPORATION

6/11/96

**CERTIFICATE OF LIMITED PARTNERSHIP
OF**

PSA HOME HEALTHCARE, Limited Partnership

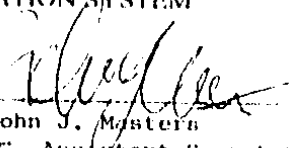
I. NAME AND DATE OF FORMATION

The name of the limited partnership is PSA Home Healthcare, Limited Partnership. The date of formation shall be the effective date of the filing of this Certificate of Limited Partnership.

II. REGISTERED OFFICE AND AGENT

The registered agent is CT Corporation System. The office of CT Corporation System is located at 1200 South Pine Island Road, Plantation, Florida 33324. CT Corporation System hereby accepts the responsibility of acting as registered agent:

CT CORPORATION SYSTEM

By: 
Print Name: John J. Mastern
Title of Officer: Assistant Secretary

III. GENERAL PARTNERS

The General Partners of PSA Home Healthcare, Limited Partnership, and their addresses are:

Pediatric Partners, Inc.
3159 Campus Drive
Norcross, Georgia 30071
Attention: President

Children's Health Kare of South Florida, Inc.
3100 S.W. 62nd Avenue
Miami, Florida 33155-3009
Attention: President
Attention: President

IV. LIMITED PARTNERSHIP ADDRESS

The principal office and mailing address of PSA Home Healthcare, Limited Partnership, is 6460 N.W. 5th Way, Fort Lauderdale, Florida 33309-6112.

V. DISSOLUTION DATE

The latest date on which PSA Home Healthcare, L.P. shall dissolve is September 30, 2040.

This Certificate of Limited Partnership is executed by the General Partners of PSA Home Healthcare, Limited Partnership, this 14th day of May, 1996.

Pediatric Partners, Inc., a Delaware Corporation
GENERAL PARTNER

By: [Signature]
(Joseph D. Sansone, President)

STATE OF FLORIDA
COUNTY OF DADE

THE FOREGOING instrument was acknowledged and sworn to before me this 14th day of May, 1996, by Joseph D. Sansone, President of Pediatric Partners, Inc., a General Partner of PSA Home Healthcare, Limited Partnership, on behalf of the Limited Partnership.

[Signature]
Notary Public, State of Florida, County of Dade

My Commission Expires: FEB 15, 1998

(SEAL)



BELINDA J. SCUDDER
COMMISSION # CC 348624
EXPIRES FEB 15, 1998
BONDED THRU
ATLANTIC BONDING CO., INC.

Children's Health Kare of South Florida, Inc., a
Florida Corporation, GENERAL PARTNER

By: [Signature]
William McDonald, President

STATE OF FLORIDA
COUNTY OF DADE

THE FOREGOING instrument was acknowledged and sworn to before me this 14th day of May, 1996, by William McDonald, President of Children's Health Kare of South Florida, Inc., a General Partner of PSA Home Healthcare, Limited Partnership, on behalf of the Limited Partnership.

[Signature]
Notary Public, State of Florida, County of Dade
My Commission Expires: FEB 15, 1998

(SEAL)



BELINDA J. SCUDDER
COMMISSION # CC 348624
EXPIRES FEB 15, 1998
BONDED THRU
ATLANTIC BONDING CO., INC.

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, constituting all of the general partners of PSA Home Healthcare, Limited Partnership, a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is \$0.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$2,040,816.33.

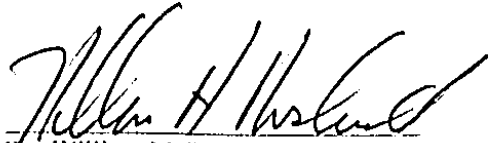
This 6th day of May, 1996.

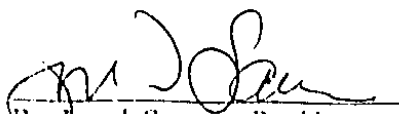
FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury we declare that we have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

CHILDREN'S HEALTH CARE
OF SOUTH FLORIDA, INC.
General Partner

PEDIATRIC PARTNERS, INC.
General Partner


By: William McDonald, President


By: Joseph Sansone, President

FILED
SECRETARY OF STATE
95 JUN 11 PM 3:34