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معاذ بن عبد الله بن مسعود

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**CERTIFICATE OF LIMITED PARTNERSHIP
OF
PODICARE® MANAGEMENT SERVICES, LTD.**

The undersigned, as the sole general partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act (1980) as set forth in Chapter 620, §§620.101-620.192 of the Florida Statutes, hereby states the following:

ARTICLE I.

Name of the Limited Partnership

The name of the Limited Partnership is as follows:

PODICARE® MANAGEMENT SERVICES, LTD.

ARTICLE II.

Address of the Limited Partnership

The address of the office of the Limited Partnership is as follows:

**2500 East Hallandale Beach Boulevard, Suite 803
Hallandale, Florida 33009**

ARTICLE III.

Registered Agent and Registered Office

The name and address of the agent for service of process on the Limited Partnership is as follows:

**GEORGE POLLACK
2500 East Hallandale Beach Boulevard, Suite 803
Hallandale, Florida 33009**

Jeffrey L. Cohen, Esq. (Florida Bar #703966)
Strawn, Monaghan & Cohen, P.A.
54 Northeast Fourth Avenue
Delray Beach, FL 33483
(561) 278-9400

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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ARTICLE IV.

General Partner

The name and business address of the sole general partner is as follows:

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Podicare® Medical, L.C.
2500 East Hallandale Beach Boulevard, Suite 803
Hallandale, Florida 33009

ARTICLE V.

Mailing Address of the Limited Partnership

The mailing address of the Limited Partnership is as follows:

2500 East Hallandale Beach Boulevard, Suite 803
Hallandale, Florida 33009

ARTICLE VI.

Term of the Limited Partnership

The term for which the Limited Partnership is to exist is until December 31, 2046, unless sooner dissolved by written consent.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the sole general partner of PODICARE® MANAGEMENT SERVICES, LTD. as of June 27, 1996.

General Partner:

PODICARE® MEDICAL, L.C.

By:


Jeffrey Galitz, M.D., D.P.M., as President
and a Manager

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ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for **PODICARE® MANAGEMENT SERVICES, LTD.**, a Florida limited partnership (the "Limited Partnership") in the foregoing Certificate of Limited Partnership, the undersigned, on behalf of the Limited Partnership, hereby agree to accept service of process for the Limited Partnership and to comply with any and all statutes relative to the complete and proper performance of the duties of registered agent.

June 27, 1988


 GEORGE POLLACK

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF FLORIDA)
) SS:
 COUNTY OF BROWARD)

The undersigned, Jeffrey Galitz, M.D., D.P.M., as President and a Manager of **PODICARE® MEDICAL, L.C.** being first duly sworn, certifies as follows:

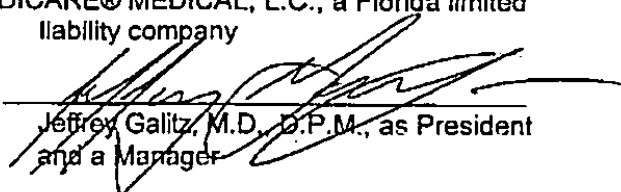
1. The undersigned is the sole general partner of **PODICARE® MANAGEMENT SERVICES, LTD.**, a Florida limited partnership, hereinafter referred to as the "Limited Partnership."
2. The amount of capital contributions to the Limited Partnership made by the Limited Partners is: \$10,890.00.
3. The amount of capital contribution anticipated to be contributed by the Limited Partners (in excess of the amount set forth in 2 above) is: \$-0-.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury the undersigned declares that he has read the foregoing and the facts alleged are true, to the best of his knowledge and belief.

General Partner

PODICARE® MEDICAL, L.C., a Florida limited liability company

By: 
 Jeffrey Galitz, M.D., D.P.M., as President and a Manager

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SWORN TO AND SUBSCRIBED before me this 27 day of June, 1996, by Jeffrey Gallz, as President and a Manager of Podiatry Medical, L. C., who is personally known to me or who has produced Driver's License as identification.

NOTARY PUBLIC:

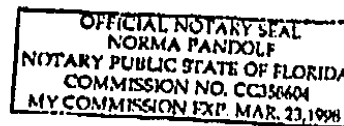
Sign:

Print:

State of Florida

My Commission Expires:

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June 20, 1996



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DIVISION OF CORPORATIONS
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