

A98000000377

CS
THE UNITED STATES
CORPORATION
GOVERNMENT

ACCOUNT NO. : 072100000032

REFERENCE : 695375 4303929

AUTHORIZATION :

Patricia P. [signature]

COST LIMIT : \$ 1837.50

FILED
98 FEB -5 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : February 5, 1998

ORDER TIME : 10:53 AM

ORDER NO. : 695375-005

CUSTOMER NO: 4303929

600002422546--2

CUSTOMER: Ms. Linda Larrea
GREENBERG TRAUIG
Miami, FL 33131

DOMESTIC FILING

NAME: GALLOWAY MEDICAL PARK, LTD.

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Cindy Harris

EXAMINER'S INITIALS:

RECEIVED
98 FEB -5 PM 12:27
DIVISION OF CORPORATION

A98-377

Name	<i>[signature]</i>
Availability	<i>[signature]</i>
Document Examiner	<i>[signature]</i>
Updater	<i>[signature]</i>
Updater Verifier	<i>[signature]</i>
Acknowledgement	<i>[signature]</i>
W. P. Verifier	<i>[signature]</i>



RESUBMIT

Please give original

FLORIDA DEPARTMENT OF STATE Submission date as file date.

Sandra B. Mortham
Secretary of State

February 5, 1998

CINDY HARRIS
CSC NETWORKS
TALLAHASSEE, FL

SUBJECT: GALLOWAY MEDICAL PARK, LTD.
Ref. Number: W98000002668

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for GALLOWAY MEDICAL PARK, LTD. and the authorization to debit your account in the amount of \$1837.50. However, the document has not been filed and is being returned for the following:

The limited partnership name designated in the document is not available since it is the same as, or not distinguishable from the name of another entity on file with this office. Please select a new name and make the substitution in all the appropriate places.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6914.

Buck Kohr
Corporate Specialist

Letter Number: 898A00006729

RECEIVED
98 FEB -9 PM 2:43
DIVISION OF CORPORATIONS

CERTIFICATE OF LIMITED PARTNERSHIP

OF

MEDICAL PARK MIAMI, LTD.

Pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act (1993), and §620.108 of the Florida Statutes, the undersigned, being the Sole General Partner of MEDICAL PARK MIAMI, LTD., hereby duly executes and files with the Florida Secretary of State this Certificate of Limited Partnership.

1. The name of the limited partnership is MEDICAL PARK MIAMI, LTD.
2. The business address and the mailing address of the limited partnership is 2300 Coral Way, Miami, FL 33145.
3. The name of the registered agent for service of process required by §620.105 of the Florida Statutes is:

Dade Corporate Services, Inc.

4. The Florida street address for the registered agent is:

**2300 Coral Way
Miami, Florida 33145**

5. **Acceptance of Appointment of Registered Agent:**

Having been named the statutory registered agent of MEDICAL PARK MIAMI, L.P. at the place designated in this Certificate of Limited Partnership of MEDICAL PARK MIAMI, L.P.

, I hereby accept such designation and confirm that I am familiar with and agree to accept the obligations imposed by §620.192 of the Florida Statutes and I agree to comply with the provisions of Florida Law relative to keeping the registered office open.

**Dade Corporate Services, Inc.,
Registered Agent**

By: 

Amanda Canter Lopez, President

Dated: February 5, 1998.

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

**MED-PARK U.S.A., INC.
2300 Coral Way
Miami, Florida 33145**

997-69334

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TALLAHASSEE, FLORIDA

7. The latest date upon which the limited partnership is to dissolve is January 01, 2047.

IN WITNESS WHEREOF, the Sole General Partner has executed the foregoing Certificate of Limited Partnership on the 4 day of February, 1998 in accordance with §620.114 of the Florida Statutes.

MED-PARK U.S.A., INC., a Florida
corporation, general partner

BY: Amada Lopez-Cantera
AMADA LOPEZ-CANTERA, President

AFFIDAVIT

THE UNDERSIGNED, being the sole general partner of MEDICAL PARK MIAMI, L.P., a Florida Limited Partnership, hereby certifies as follows:

1. The amount of capital contributions to date of the limited partners is:
\$10,000.00
2. The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$9,000,000.00.

FURTHER AFFIANT SAYETH NOT.

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

MED-PARK U.S.A., INC., a Florida
corporation, general partner

BY: Amada Lopez-Cantera
AMADA LOPEZ-CANTERA, President

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