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CT CORPORATION SYSTEM

660 EAST JEFFERSON STREET

Requestor's Name  
TALLAHASSEE, FL 32301

Address  
222-1092

City State Zip Phone

CORPORATION(S) NAME

600002449376--3  
-03/06/98--01071--007  
\*\*\*105.00 \*\*\*105.00

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DIVISION OF CORPORATIONS  
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Wound Management Center of Jacksonville, Ltd.

☐ Profit ☐ Amendment ☐ Merger  
☐ NonProfit ☐ Dissolution/Withdrawal ☐ Mark  
☐ Limited Liability Co.  
☐ Foreign

☒ Limited Partnership ☐ Annual Report ☐ Other  
☐ Reinstatement ☐ Reservation ☐ Change of P.A.

☐ Certified Copy ☐ Photo Copies ☐ CUS

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CERTIFICATE OF LIMITED PARTNERSHIP  
OF

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WOUND MANAGEMENT CENTER OF JACKSONVILLE, LTD.

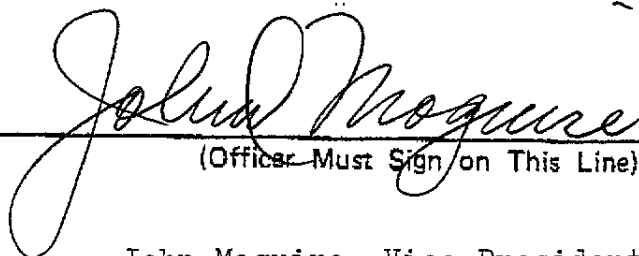
1. \_\_\_\_\_  
(Name of Limited Partnership; must contain a suffix such as "Limited",  
"Ltd.", or "Limited Partnership")

1680 Dunn Ave., Unit 36, Jacksonville, Florida 32218  
2. \_\_\_\_\_  
(The Business Address of Limited Partnership)

John Maguire  
3. \_\_\_\_\_  
(Name of Registered Agent for Service of Process)

c/o 1680 Dunn Ave., Unit 36, Jacksonville, Florida 32218  
4. \_\_\_\_\_  
(Florida Street Address for Registered Agent)

5. Acceptance by the Registered Agent for Service of Process.

  
\_\_\_\_\_  
(Officer Must Sign on This Line)

John Maguire, Vice President

\_\_\_\_\_  
(Type Name and Title of Officer)

c/o Health Resources Group, 2323 N. Tustin, Santa Ana, CA 92705  
6. \_\_\_\_\_  
(The Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is 12/31/2027.

(Cont'd)

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## 8. NAME OF GENERAL PARTNER(S)

## SPECIFIC ADDRESS

Wound Management Center  
of Jacksonville, Inc.

1680 Dunn Ave., Unit 36  
Jacksonville, FL 32218

Signed this 17<sup>th</sup> day of February, 1998

Signature of all general partners:

Wound Management Center of Jacksonville, Inc.  
a Florida corporation

By: *John P. ...* V.P.

General Partner

General Partner

General Partner

General Partner

General Partner

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

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BEFORE ME, the undersigned constituting all of the general partners of Wound Management Center of Jacksonville, Ltd. \_\_\_\_\_, a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is \$ 100.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$ 10,000.

This 23 day of February, 19 98.

FURTHER AFFIANT SAYETH NOT.

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

Wound Management Center of Jacksonville, Inc., a Florida corporation

By: [Signature] V.P.  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner