

CAPITAL CONNECTION INC.
417 E. Virginia Street, Suite 200, Tallahassee, Florida 32302
(850) 224-8870 • (800) 342-8062 • Fax (850) 224-1722

A98000001817

San Luis Obispo medical
Equity Investors Limited
Partnership

File 2nd

OK 7/29/98
B

Signature _____

Requested by AD

Name _____

Date 7-29-98

Time 11:00

Walk-In _____

Will Pick Up _____

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-07/29/98-01056-008
****428.75 ****148.75

Art of Inc. File _____
☒ LTD Partnership File Cert
Foreign Corp. File _____
L.C. File _____
Fictitious Name File _____
Trade/Service Mark _____
Merger File _____
Art. of Amend. File _____
RA Resignation _____
Dissolution / Withdrawal _____
Annual Report / Reinstatement _____
☒ Cert. Copy _____
Photo Copy _____
☒ Certificate of Good Standing _____
Certificate of Status _____
Certificate of Fictitious Name _____
Corp Record Search _____
Officer Search _____
Fictitious Search _____
Fictitious Owner Search _____
Vehicle Search _____
Driving Record _____
UCC 1 or 3 File _____
UCC 11 Search _____
UCC 11 Retrieval _____
Courier _____

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
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98 JUL 29 AM 11:10
DIVISION OF CORPORATION

**CERTIFICATE OF LIMITED
PARTNERSHIP OF
SAN LUIS OBISPO MEDICAL EQUITY INVESTORS LIMITED PARTNERSHIP**

The undersigned, desiring to form a limited partnership pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act, hereby states the following:

1. Name of Limited Partnership. The name of the limited partnership is:

San Luis Obispo Medical Equity Investors Limited Partnership
(the "Partnership")

2. Address of the Partnership. The office address of the Partnership is located at:

3801 PGA Boulevard, Suite 1000
Palm Beach Gardens, FL 33410

3. Registered Agent and Office. The name and address of the registered agent of the Partnership for service of process pursuant to Section 620.105, Florida Statutes, are:

Lawrence B. Juran, P.A.
3801 PGA Boulevard, Suite 1000
Palm Beach Gardens, FL 33410

4. Name and Address of the General Partner. The name and address of the sole general partner of the Partnership are:

San Luis Obispo Medical Equity Corporation
3801 PGA Boulevard, Suite 1000
Palm Beach Gardens, FL 33410

5. Mailing Address of the Partnership. The mailing address of the Partnership is:

3801 PGA Boulevard, Suite 1000
Palm Beach Gardens, FL 33410

6. Effective Date of Limited Partnership. The effective date of the Partnership shall be the date it is filed with the Secretary of State of Florida.


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7. Dissolution of the Partnership. The latest date upon which the Partnership is to dissolve is July 31, 2098.

The execution of this Certificate of Limited Partnership by the undersigned sole General Partner of the Partnership constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Limited Partnership this 28th day of July, 1998.

SAN LUIS OBISPO MEDICAL EQUITY CORPORATION, a Florida corporation,
Sole General Partner

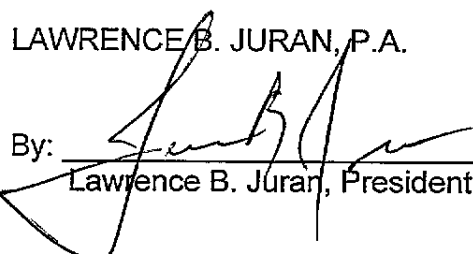
By: 
Patrick J. DiSalvo, Vice President

ACCEPTANCE BY REGISTERED AGENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED PARTNERSHIP, AT THE PLACE DESIGNATED IN NUMBER 3 OF THIS CERTIFICATE OF LIMITED PARTNERSHIP, THE UNDERSIGNED HEREBY AGREES TO ACT IN THIS CAPACITY, AND FURTHER AGREES TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE DISCHARGE OF ITS DUTIES.

Dated this 28th day of July, 1998.

LAWRENCE B. JURAN, P.A.

By: 
Lawrence B. Juran, President

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF FLORIDA)
) ss:
COUNTY OF PALM BEACH)

BEFORE ME, the undersigned notary public, personally appeared Patrick J. DiSalvo, Vice President of San Luis Obispo Medical Equity Corporation, a Florida corporation, which is the sole general partner of San Luis Obispo Medical Equity Investors Limited Partnership, a Florida limited partnership (the "Partnership"), whose business address is 3801 PGA Boulevard, Suite 1000, Palm Beach Gardens, FL 33410, who, upon being duly sworn, certifies on behalf of the Partnership the following:

1. The amount of capital contributions to the Partnership made by the limited partners is \$10.00.
2. The amount anticipated to be contributed by the limited partners is \$1,000.00.

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.

Dated: July 28th, 1998.



Patrick J. DiSalvo

Sworn to and subscribed before me this 28th day of July, 1998 by Patrick J. DiSalvo, as Vice President of San Luis Obispo Medical Equity Corporation, a Florida corporation, on behalf of the corporation. Personally known X or produced _____ as identification.

NOTARY PUBLIC

Sign: Catherine M. Scott
Print: CATHERINE M. SCOTT
State of Florida at Large
My commission expires: _____
Serial Number, if any: _____

(NOTARIAL SEAL)

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