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Florida Department of State

Division of Corporations

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FLORIDA LIMITED PARTNERSHIP

ADVANCED MEDICAL NETWORK, LTD.

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TC
\$11,000.00

1 of 2

Same as P98-77214
+ L98-1741

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

March 25, 1999

ADVANCED MEDICAL NETWORK, LTD.
JEFFREY L. COHEN, ESQ.
54 NORTHEAST FOURTH AVENUE
DELRAY BEACH, FL 33483

SUBJECT:
REF:

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You have used the wrong data base for this filing. You need to use the Cor screen. This is a limited partnership filing not a limited liability partnership. Please abandon this filing and resubmit under the proper data base.

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) 487-6913.

Diane Cushing
Corporate Specialist

FAX Aud. #: EGP990000029
Letter Number: 899A00015073

Division of Corporations - P.O. Box 6327 - Tallahassee, Florida 32314

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**CERTIFICATE OF LIMITED PARTNERSHIP
OF
ADVANCED MEDICAL NETWORK, LTD.**

The undersigned, as the sole general partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act (1986) 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:

ADVANCED MEDICAL NETWORK, LTD.

ARTICLE II.

Address of the Limited Partnership

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

2405 Southeast 17th Street, Suite 301, Ocala, FL 33471

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:

Gary A. Thurston
2405 Southeast 17th Street, Suite 301
Ocala, FL 33471

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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ARTICLE IV.

General Partner

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

ADVANCED MEDICAL NETWORK HOLDINGS, INC.
2405 Southeast 17th Street, Suite 301, Ocala, FL 33471

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ARTICLE V.

Mailing Address of the Limited Partnership

The mailing address of the Limited Partnership is as follows:

2405 Southeast 17th Street, Suite 301
Ocala, FL 33471

ARTICLE VI.

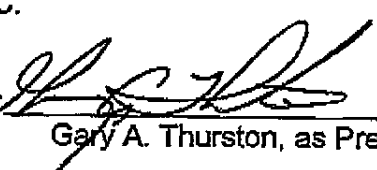
Term of the Limited Partnership

The term for which the Limited Partnership is to exist is until December 31, 2004, unless sooner dissolved by written consent.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the sole general partner of ADVANCED MEDICAL NETWORK, LTD. as of September 4th, 1998.

General Partner:

ADVANCED MEDICAL NETWORK HOLDINGS,
INC.

By: 

Gary A. Thurston, as President

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ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for **ADVANCED MEDICAL NETWORK, 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.

September 4, 1998



Gary A. Thurston

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF FLORIDA)
) SS:
COUNTY OF MARION)

The undersigned, Gary A. Thurston, as President of **ADVANCED MEDICAL NETWORK HOLDINGS, INC.** being first duly sworn, certifies as follows:

1. The undersigned is the sole general partner of **ADVANCED MEDICAL NETWORK, 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: \$11,000.00.

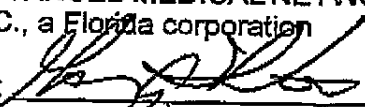
3. The amount of capital contribution anticipated to be contributed by the Limited Partners (in excess of the amount set forth in 2 above) is: \$-0-.

FURTHER AFFIANT SAITH 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

ADVANCED MEDICAL NETWORK HOLDINGS, INC., a Florida corporation

By: 

Gary A. Thurston, as President

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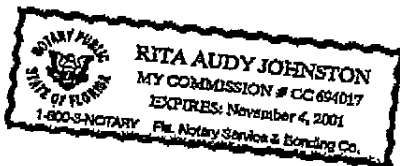
SWORN TO AND SUBSCRIBED before me this 4th day of September, 1998, by Gary A. Thurston, as President of ADVANCED MEDICAL NETWORK HOLDINGS, INC., who is personally known to me or who has produced _____ as identification.

NOTARY PUBLIC:

Sign: _____

Print: RITA AUDY JOHNSTON

State of Florida
My Commission Expires:



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