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FOREIGN LIMITED PARTNERSHIP

ACCUMED HEALTH SERVICES, L.P.

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APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. AccuMed Health Services, L.P.
(Name of limited partnership as it is in the home state)

2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Texas (State of Formation) 4. April 8, 2004 (Date of Formation)

5. Corporation Service Company
(Name of Registered Agent for Service of Process)

6. 1201 Hays Street
(Street Address of Registered Office)

Tallahassee (City), Florida 32301 (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:

Corporation Service Company
By Deborah D. Skipper Deborah D. Skipper Asst. V. Pres.
(Agent must sign on this line)

8. 226 Bailey Avenue, Suite 100
Fort Worth, TX 76107
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS — STREET ADDRESS

AccuMed GenPar, L.L.C. — 3939 Bee Cave Road, Suite B -1
M04000003559 — Austin, TX 78746

10. 3939 Bee Cave Road, Suite B -1, Austin, TX 78746
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

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12. 3939 Bee Cave Road, Suite B -1, Austin, TX 78746

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 27th day of August, 2004.

AccuMed GenPar, L.L.C., General Partner by: General Partner Michael McMaude

STATE OF Texas

COUNTY OF Travis

On this 27th day of August, 2004

Michael McMaude, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of

(Notary Public Signature)

Jarrett Reece
(Notary's Printed Name)

Seal My Commission Expires: 01-29-08

JARRETT REECE
MY COMMISSION EXPIRES
January 29, 2008

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Michael McMaude, Member of AccuMed GenPar, L.L.C. a general partner of AccuMed Health Services, L.P., a (an) Texas limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is $ 990.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is $ 500.00.

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 27th day of August, 2004.

General Partner
AccuMed GenPar, L.L.C., General Partner by Michael McMaude

STATE OF Texas

COUNTY OF Travis

On this 27th day of August, 2004, Michael McMaude, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

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(Notary Public Signature)

Jarrett Reece
(Notary's Printed Name)

Seal My Commission Expires:

JARRETT REECE
MY COMMISSION EXPIRES
January 29, 2008