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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

BR



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 814990
AUTHORIZATION :
COST LIMIT : \$ 87.50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : July 21, 2004

ORDER TIME : 8:40 AM

ORDER NO. : 814990-005

CUSTOMER NO: 4728210

CUSTOMER: Richard H. Madsen, II
Ray, Quinney & Nebeker
Suite 1400
36 South State Street
Salt Lake City, UT 84111

FOREIGN FILINGS

NAME: MED ONE CAPITAL FUNDING -
FLORIDA, L.P.

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Justin Cheshire -- EXT# 2909

EXAMINER: _____

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

FILED
04 SEP -3 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. MED ONE CAPITAL FUNDING - FLORIDA, 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. Utah

(State of Formation)

4.

06/30/2004

(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:

(Agent must sign on this line)

8. 6965 Union Park Center, Suite 400, Midvale, UT 84047

(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

Med One Capital, Inc.

6965 Union Park Center, Suite 400, Midvale, UT 84047

10. 6965 Union Park Center, Suite 400, Midvale, UT 84047

(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of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

12. 6965 Union Park Center, Suite 400, Midvale, UT 84047

(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 19 day of July, 2004

John W. Johnson, Jr.
General Partner

Med One Capital, Inc., its General Partner by: John W. Johnson, Jr.
V. President

STATE OF UT

COUNTY OF Salt Lake

On this 19th day of July, 2004

John W. Johnson, Jr., personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of personal knowledge

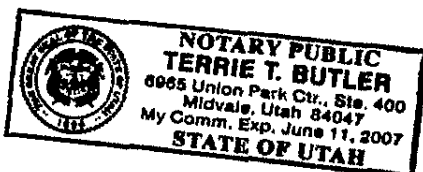
Terrie T. Butler
(Notary Public Signature)

Terrie T Butler
(Notary's Printed Name)

Seal

My Commission Expires:

6/11/07



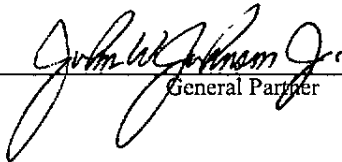
AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared John W. Johnson, Jr.
a general partner of _____, a (an) _____
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 1,000 .
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 1,000 .

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 19th day of July, 2004 .



General Partner

STATE OF Ut

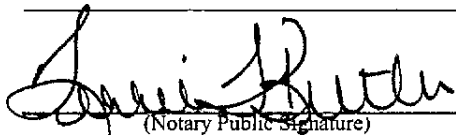
COUNTY OF SL

On this 19th day of July, 2004 .

John W. Johnson, Jr., personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____



(Notary Public Signature)

Terrie T. Butler

(Notary's Printed Name)

Seal

My Commission Expires: 6/11/07

