

B08000000208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

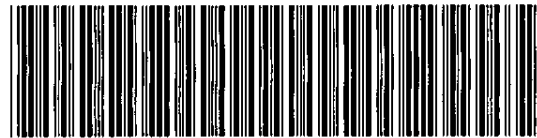
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

B. KOHR

SEP 29 2008

EXAMINER

FLORIDA FILING & SEARCH SERVICES, INC.

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DATE: 09-26-08

NAME: MEDICAL ASSET FUND III, LP

TYPE OF FILING: APPLICATION FOR FOREIGN LP

COST: CK FOR \$1,000 ATTACHED

RETURN:

ACCOUNT: ~~FCA0000000015~~

AUTHORIZATION: ~~ABBIE/PAUL HODGE~~

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TALLAHASSEE, FLORIDA

Znd

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

08 SEP 26 PM 3: 15
FILED
TALLAHASSEE, FLORIDA

1. MEDICAL ASSET FUND III, LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

(If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.)

2. DELAWARE

(State or Country of Formation)

3. 11/03/2006

(Date of Formation)

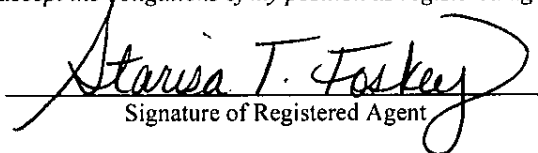
4. REGISTERED AGENT SOLUTIONS, INC.

(Name of Registered Agent for Service of Process)

5. 155 OFFICE PLAZA DR. SUITE A, TALLAHASSEE FL 32301

(Florida street address for Registered Agent)

6. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Signature of Registered Agent

7. 195 DANBURY ROAD, WILTON CT 06897

(Principal office address)

8. If limited partnership is a limited liability limited partnership, check box

9. 195 DANBURY ROAD, WILTON CT 06897

(Mailing address)

10. Name, principal office address, and mailing address of each general partner:

HEALTHCAPITAL, INC.

(Name)

FW8000004221

195 DANBURY ROAD

(Street Address)

WILTON, CT 06897

195 DANBURY ROAD

(Mailing Address)

WILTON, CT 06897

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

_____	_____
(Name)	(Street Address)

	(Mailing Address)

_____	_____
(Name)	(Street Address)

	(Mailing Address)

11. Effective date, if other than the date of filing: _____.

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 19TH day of August, 20 08.

Signature of a general partner:

Brian Barry
 CFO of Health Capital, Inc AS General Partner

Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

Delaware

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The First State

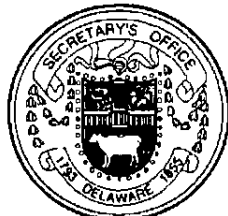
I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDICAL ASSET FUND III, LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF SEPTEMBER, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDICAL ASSET FUND III, LP" WAS FORMED ON THE THIRD DAY OF NOVEMBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4245846 8300

080918879



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6825423

DATE: 09-02-08