

# AO 1000000047

CSC-TALAHASSEE

Requester's Name  
 1201 Hays Street  
 Address  
 TLH, FL 32301 521-1000  
 City/State/Zip Phone #  
 CSC Contact: Kelly

Account Number: 072100000032  
 Order Number: 958821  
 Cost Limit: \$ 367.50  
 Authorization: Patricia Pignatelli

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### CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known)

- Ambulatory Surgery Center  
 (Corporation Name) (Document #)
- Marion County, LLC  
 (Corporation Name) (Document #)
- \_\_\_\_\_  
 (Corporation Name) (Document #)
- \_\_\_\_\_  
 (Corporation Name) (Document #)

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 01 JAN - 99 PM 1:08  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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- Walk in   
  Pick up time (7)   
  Certified Copy  
 Mail out   
  Will wait   
  Photocopy   
  Certificate of Status

### NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

### AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

### OTHER FILINGS

- Annual Report
- Fictitious Name

### REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

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 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

Examiner's Initials

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**CERTIFICATE OF LIMITED PARTNERSHIP**

The General Partners of Ambulatory Surgery Center of Marion County, LLLP, a Florida Limited Liability Limited Partnership (the "Partnership"), hereby execute the following Certificate of Limited Partnership.

1. Name of the Partnership. The name of the Partnership shall be the AMBULATORY SURGERY CENTER OF MARION COUNTY, LLLP.
2. Mailing address and business address of the Partnership. The mailing address of the Limited partnership shall be 2820 S.E. 3<sup>rd</sup> Court, South Pine Medical Park, Suite One, Ocala, Florida 34471. The street address of the Limited partnership shall be 2820 S.E. 3<sup>rd</sup> Court, South Pine Medical Park, Suite One, Ocala, Florida 34471.
3. Names and Address of Registered Agent. The registered agent for service of process shall be MUHAMMAD A. JAWAD, M.D. The registered office address is 2820 S.E. 3<sup>rd</sup> Court, South Pine Medical Park, Suite One, Ocala, Florida 34471.
4. Registered Agent Signature. M. A. Jawad  
Muhammad A. Jawad, M.D.
5. Names and Business Addresses of General Partners. The names of the General Partners of the Limited Partnership, and the business addresses of the General Partners are:
 

Muhammad A. Jawad, M.D. 2820 South Pine Medical Park Suite One, Ocala, FL 34471	Mamdouh H. Zeini, M.D., Ph.D. 936 Bichara Blvd. Lady Lake, FL 32159
Ravi Chandra, M.D. 2820 South Pine Medical Park Suite One, Ocala, FL 34471	Latif Hamed, M.D. 3233 S.W. 33 <sup>rd</sup> Rd., Ste. 202 Ocala, Florida 34474
6. Latest Date of Dissolution. The latest date upon which the Limited Partnership is to dissolve is never, as perpetual existence is intended.

Under penalties of perjury we declare that we have read the foregoing and know the contents thereof and the facts stated herein are true and correct.

Signed this 8th day of December, 2000.

Signature of all general partners

M. A. Jawad  
Muhammad A. Jawad, M.D.

Mamdouh H. Zeini  
Mamdouh H. Zeini, M.D., Ph.D.

Ravi Chandra  
Ravi Chandra, M.D.

Latif Hamed  
Latif Hamed, M.D.

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**  
**FOR FLORIDA LIMITED PARTNERSHIP**

This Affidavit of Contributions is filed in connection with the Certificate of Limited Partnership for AMBULATORY SURGERY CENTER OF MARION COUNTY, LLLP, and pursuant to Chapter 620 of the Florida Statutes.

The undersigned constituting all of the general partners of Ambulatory Surgery Center of Marion County, LLLP, a Florida Limited Liability Limited partnership certify:

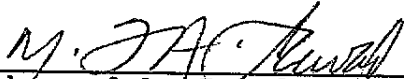
The amount of the capital contributions to the Limited Partnership by the Limited Partners, and the amount of the anticipated capital contributions of the Limited Partners are as follows:

<u>Limited Partners</u>	<u>Contributions</u>
Muhammad A. Jawad, M.D.	Current: \$10,000.00 Anticipated: None
Ravi Chandra, M.D.	Current: \$10,000.00 Anticipated: None
Mamdouh H. Zeini, M.D.	Current: \$10,000.00 Anticipated: None
Latif Hamed, M.D.	Current: \$10,000.00 Anticipated: None


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Under penalties of perjury we declare that we have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 8th day of December 2000.

  
\_\_\_\_\_  
Muhammad A. Jawad, M.D.  
General Partner

  
\_\_\_\_\_  
Mamdouh H. Zeini, M.D., Ph.D.  
General Partner

  
\_\_\_\_\_  
Ravi Chandra, M.D.  
General Partner

  
\_\_\_\_\_  
Latif Hamed, M.D.  
General Partner