

# A01000000188

TRANSMITTAL LETTER

Department of State  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

BY HAND DELIVERY

**SUBJECT:** Destin Surgical Management, Inc.  
  
and  
  
Destin Surgery Center, Ltd.

FILED  
01 FEB -5 PM 5:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Enclosed please find the following documents for filing:

An original and one (1) copy of the Articles of Incorporation for Destin Surgical Management, Inc.

and

(3)

An original and one (1) copy of the Certificate of Limited Partnership for Destin Surgery, Ltd.

along with check for:

\$140.00 for the filing fees for these documents.

400003634194--5  
-02/05/01--01152--002  
\*\*\*\*140.00 \*\*\*\*140.00

400003634194--5  
-02/05/01--01152--003  
\*\*\*\*\*95.00 \*\*\*\*\*8.75

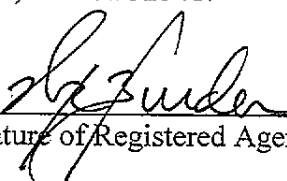
**FROM:** HAYWARD & GRANT, P.A.  
3375 Capital Circle N.E.  
Building H, Suite 4  
Tallahassee, Florida 32308  
(850) 386-4400

Mc  
2/5

RECEIVED  
01 FEB -5 PM 3:11  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF LIMITED PARTNERSHIP**

01 FEB -5 PM 5:10  
FILED  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. The name of the limited partnership is Destin Surgery Center, Ltd.
2. The business address of the Limited Partnership is 4485 Furling Lane, Destin, Florida 32541.
3. The name of the Registered Agent for Service of Process is William R. Burden.
4. The street address of the Registered Agent is 151 Regions Way, Suite D, Building 1, Destin, Florida 32541.
5.   
Signature of Registered Agent, William R. Burden
6. The mailing address of the Limited Partnership is 151 Regions Way, Suite D, Building 1, Destin, Florida 32541.
7. The latest date upon which the Limited Partnership is to be dissolved is December 31, 2030.

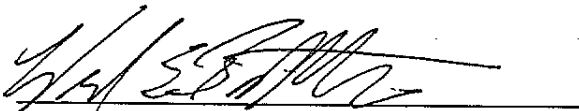
- |    |   |                       |
|----|---|-----------------------|
| 8. | Name of General Partner:  | Street Address:       |
|    | Destin Surgical Management, Inc.  | 151 Regions Way       |
|    |  | Suite D, Building 1   |
|    |   | Destin, Florida 32541 |

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

Signed this 31<sup>st</sup> day of January, 2001.

Signature of General Partner:

Destin Surgical Management, Inc.



By: Wesley E. Battiste  
Its President

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

*The undersigned, constituting the general partner of Destin Surgery Center, Ltd., a Florida Limited Partnership, certifies:*

The amount of capital contributions to date of the limited partners is \$100.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$10,000.00.

Signed this 31<sup>st</sup> day of January, 2001.

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

Destin Surgical Management, Inc.



By: Wesley E. Battiste  
Its President

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