

1201 HAYS STREET
TALLAHASSEE, FL 32301

800-142-8086



A95000000611

ACCOUNT NO. : 072100000032

REFERENCE : 574888 116238A

AUTHORIZATION :

Patricia P. Jett

FILED
SECRETARY OF STATE
CORPORATION DIVISION
95 APR 14 PM 12:16

COST LIMIT : 9-140700

ORDER DATE : April 10, 1995

ORDER TIME : 2:14 PM

ORDER NO. : 574888

CUSTOMER NO: 116238A

CUSTOMER: Joel T. Strawn, Esq
STRAWN & MONAGHAN, P.A.

54 N.e. Fourth Avenue

Delray Beach, FL 33483

C. TAX _____
FILING _____ 17.50.00
R. AGENT FEE _____ 35.00
3-COPY _____ 5.00
TOTAL _____ 1837.522
V. BANK _____
BALANCE DUE _____
REFUND _____

DOMESTIC FILING

NAME: BETHESDA WEST SURGERY CENTER,
b-p, LTD.

ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sebrene Randolph

EXAMINER'S INITIALS: *3/8*

FILED
SECRETARY OF STATE
CORPORATION DIVISION
95 APR 14 PM 12:16

95 APR 13 PM 2:15
SECRETARY OF STATE
CORPORATION DIVISION

4/14/95
3/8

RECEIVED
FEB 11 1966
55 MAR 17 1966
FBI - MIAMI

CERTIFICATE OF LIMITED PARTNERSHIP

BETHESDA WEST SURGERY CENTER, LTD., LIMITED PARTNERSHIP

WHEREAS, the undersigned hereby makes, acknowledge, duly executes and files with the Department of State of the State of Florida this Certificate of Limited Partnership pursuant to Section 620.108 of the Florida Revised Uniform Limited Partnership Act (the "Act").

NOW, THEREFORE, the undersigned hereby certifies as follows:

A. Name of Partnership: The name of the Limited Partnership shall be Bethesda West Surgery Center, Ltd.", (the "Partnership").

B. Office and Agent for Service of Process: The recordkeeping office for the Partnership shall be 2815 South Seacrest Boulevard, Boynton Beach, Florida 35435 .

The name and address of the agent for service of process shall be Joel T. Strawn, Esquire, Strawn & Monaghan, P.A., 54 N.E. Fourth Avenue, Delray Beach, Florida 33483.

The Partnership may change its recordkeeping office or its registered agent, or both, by filing with the Florida Department of State an amendment complying with Section 620.109 of the Act.

C. Name and Business Address of General Partner: The name and business address of the General Partner is as follows:

Bethesda West Ambulatory Surgery Center, Inc., a
Florida corporation
2815 South Seacrest Boulevard
Boynton Beach, Florida 35435

895000085896

D. Mailing Address: The mailing address for the Partnership shall be:

2815 South Seacrest Boulevard
Boynton Beach, Florida 35435

E. Term: The term of this Limited Partnership shall commence on the date upon which the Certificate of Limited Partnership was duly filed with the Department of State of the State of Florida and shall continue thereafter until December 31, 2033, unless dissolved or terminated prior thereto in accordance with the terms provided in the Limited Partnership Agreement.

IN WITNESS WHEREOF, the undersigned, being first duly sworn, has hereto affixed his signature and seal, thereby executing this Certificate of Limited Partnership for the uses and purposes

heroin stated.

Bethesda West Surgery Center, Ltd.
a Florida Limited Partnership

By its General Partner

Bethesda West Ambulatory Surgery
Center, Inc., a Florida corporation

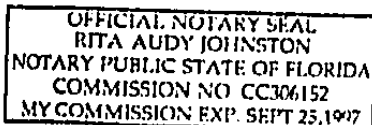
By: Robert B. Hill
Robert B. Hill, President

FILED
SECRETARY OF STATE
55 APR 14 PM 12:16

STATE OF FLORIDA)
) ss:
COUNTY OF PALM BEACH)

I HEREBY CERTIFY that on this day before me, an officer duly qualified to take acknowledgments, personally appeared Robert B. Hill, the president of Bethesda West Ambulatory Surgery Center, Inc., a Florida corporation, who is/are personally known to me or who has produced a driver's license as identification and who did not take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 25th day of February, 1995.



[Signature]
Notary Public

Print Name: _____

My Commission Expires: _____

ACCEPTANCE OF RESIDENT AGENT

Having been named to accept Service of Process for the above-stated Limited Partnership, at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 620.192, Florida Statutes.

Signature: Joel T. Strawn

Joel T. Strawn

Date: 2/25/95

A F F I D A V I T

STATE OF FLORIDA)
)
COUNTY OF PALM BEACH)

SS

BEFORE ME, the undersigned authority, personally appeared
ROBERT B. HILL, President of Bethesda West Ambulatory Surgery
Center, Inc., a Florida corporation, the sole general partner of
Bethesda West Surgery Center, Ltd., a Florida Limited
Partnership, (the "Partnership"), who, upon being duly sworn,
deposes and says:

1. The amount of capital contribution of the Partnership
made by the limited partners is, in the aggregate, THREE HUNDRED
SEVENTY-FIVE THOUSAND (\$375,000.00) DOLLARS.

2. At this time, it is not anticipated that additional
capital contributions will be made by the limited partners.

UNDER PENALTIES OF PERJURY, I declare that I have read the
foregoing and that the alleged are true, to the best of my
knowledge and belief.

BETHESDA WEST AMBULATORY SURGERY
CENTER, INC., A FLORIDA
CORPORATION, SOLE GENERAL PARTNER
OF BETHESDA WEST SURGERY CENTER,
LTD., A FLORIDA LIMITED PARTNERSHIP

BY: Robert B. Hill
Robert B. Hill, President

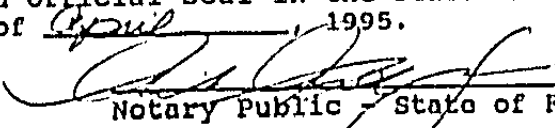
Date: 4/5/95

BEFORE ME, the undersigned officer, a Notary Public
authorized to administer oaths and to take acknowledgements in
and for the State and County set forth above, personally
appeared, ROBERT B. HILL ☒ personally known to me or
☐ or who has produced a driver's license as identification, and
who executed the foregoing Affidavit of Capital Contributions,

95 APR 11 PM 12:16
RECEIVED
FILED
CLERK OF DISTRICT COURT
STATE OF FLORIDA
Palm Beach County

and he acknowledged to me and before me that he executed this Affidavit as President of Bethesda West Ambulatory Surgery Center, Inc., a Florida corporation, sole General Partner of Bethesda West Surgery Center, Ltd., a Florida limited partnership.

WITNESS my hand and official seal in the State and County aforesaid this 22 day of April, 1995.

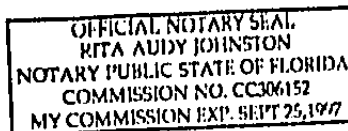

Notary Public - State of Florida

Print Name: _____

My commission expires: _____

(SEAL)

#2 C:\-BMH\CERT.CON
March 28, 1995



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 PM 12:16

1201 HAYS STREET
TALLAHASSEE, FL 32301

800-342-8086



A95000000611

ACCOUNT NO. : 072100000032

REFERENCE : 574000 116238A

AUTHORIZATION :

Patricia P. J. J.

00000000000000000000
-04/13/95--010,25--014
***1837.50 ***1837.50

COST LIMIT : 0-140.00

ORDER DATE : April 10, 1995

ORDER TIME : 2:14 PM

ORDER NO. : 574000

CUSTOMER NO: 116238A

CUSTOMER: Joel T. Strawn, Esq
STRAWN & MUNAGHAN, P.A.

54 N.e. Fourth Avenue

Delray Beach, FL 33483

DOMESTIC FILING

NAME: BETHESDA WEST SURGERY CENTER,
B.P., LTD.

ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sebrene Randolph

EXAMINER'S INITIALS:

4/14/95
[Signature]

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 PM 12:16

RECEIVED
DIVISION OF CORPORATIONS
95 APR 13 PM 2:15

RECEIVED
FEB 11 1965
55 APR 14 PM 12 15

CERTIFICATE OF LIMITED PARTNERSHIP

BETHESDA WEST SURGERY CENTER, LTD., LIMITED PARTNERSHIP

WHEREAS, the undersigned hereby makes, acknowledge, duly executes and files with the Department of State of the State of Florida this Certificate of Limited Partnership pursuant to Section 620.108 of the Florida Revised Uniform Limited Partnership Act (the "Act").

NOW, THEREFORE, the undersigned hereby certifies as follows:

A. Name of Partnership: The name of the Limited Partnership shall be Bethesda West Surgery Center, Ltd., (the "Partnership").

B. Office and Agent for Service of Process: The recordkeeping office for the Partnership shall be 2815 South Seacrest Boulevard, Boynton Beach, Florida 35435 .

The name and address of the agent for service of process shall be Joel T. Strawn, Esquire, Strawn & Monaghan, P.A., 54 N.E. Fourth Avenue, Delray Beach, Florida 33483.

The Partnership may change its recordkeeping office or its registered agent, or both, by filing with the Florida Department of State an amendment complying with Section 620.109 of the Act.

C. Name and Business Address of General Partner: The name and business address of the General Partner is as follows:

Bethesda West Ambulatory Surgery Center, Inc., a
Florida corporation
2815 South Seacrest Boulevard
Boynton Beach, Florida 35435

895000085896

D. Mailing Address: The mailing address for the Partnership shall be:

2815 South Seacrest Boulevard
Boynton Beach, Florida 35435

E. Term: The term of this Limited Partnership shall commence on the date upon which the Certificate of Limited Partnership was duly filed with the Department of State of the State of Florida and shall continue thereafter until December 31, 2033, unless dissolved or terminated prior thereto in accordance with the terms provided in the Limited Partnership Agreement.

IN WITNESS WHEREOF, the undersigned, being first duly sworn, has hereto affixed his signature and seal, thereby executing this Certificate of Limited Partnership for the uses and purposes

herein stated.

Bethesda West Surgery Center, Ltd.
a Florida Limited Partnership

By its General Partner

Bethesda West Ambulatory Surgery
Center, Inc., a Florida corporation

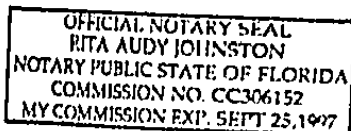
By: Robert B. Hill
Robert B. Hill, President

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 PM 12:16

STATE OF FLORIDA)
) ss:
COUNTY OF PALM BEACH)

I HEREBY CERTIFY that on this day before me, an officer duly qualified to take acknowledgments, personally appeared Robert B. Hill, the president of Bethesda West Ambulatory Surgery Center, Inc., a Florida corporation, who is/are personally known to me or who has produced a driver's license as identification and who did not take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 20th day of February, 1995.



[Signature]
Notary Public

Print Name: _____

My Commission Expires: _____

ACCEPTANCE OF RESIDENT AGENT

Having been named to accept Service of Process for the above-stated Limited Partnership, at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 620.192, Florida Statutes.

Signature: [Signature]

Joel T. Strawn

Date: 21-26-1995

A F F I D A V I T

STATE OF FLORIDA)
COUNTY OF PALM BEACH)

SS

FILED
CLERK OF SUPERIOR COURT
95 APR 14 PM 12:16

BEFORE ME, the undersigned authority, personally appeared
ROBERT B. HILL, President of Bethesda West Ambulatory Surgery
Center, Inc., a Florida corporation, the sole general partner of
Bethesda West Surgery Center, Ltd., a Florida Limited
Partnership, (the "Partnership"), who, upon being duly sworn,
deposes and says:

1. The amount of capital contribution of the Partnership
made by the limited partners is, in the aggregate, THREE HUNDRED
SEVENTY-FIVE THOUSAND (\$375,000.00) DOLLARS.

2. At this time, it is not anticipated that additional
capital contributions will be made by the limited partners.

UNDER PENALTIES OF PERJURY, I declare that I have read the
foregoing and that the alleged are true, to the best of my
knowledge and belief.

BETHESDA WEST AMBULATORY SURGERY
CENTER, INC., A FLORIDA
CORPORATION, SOLE GENERAL PARTNER
OF BETHESDA WEST SURGERY CENTER,
LTD., A FLORIDA LIMITED PARTNERSHIP

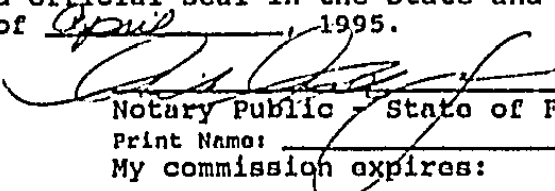
BY: Robert B. Hill
Robert B. Hill, President

Date: 4/5/95

BEFORE ME, the undersigned officer, a Notary Public
authorized to administer oaths and to take acknowledgements in
and for the State and County set forth above, personally
appeared, ROBERT B. HILL ☒ personally known to me or
☐ or who has produced a driver's license as identification, and
who executed the foregoing Affidavit of Capital Contributions,

and he acknowledged to me and before me that he executed this Affidavit as President of Bethesda West Ambulatory Surgery Center, Inc., a Florida corporation, sole General Partner of Bethesda West Surgery Center, Ltd., a Florida limited partnership.

WITNESS my hand and official seal in the State and County aforesaid this 5th day of April, 1995.

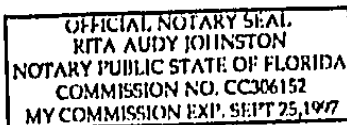

Notary Public - State of Florida

Print Name: _____

My commission expires: _____

(SEAL)

#2 C:\-BMH\CERT.CON
March 20, 1995



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 PM 12:16

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Carving Masters
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 JAN -3 PM 7:17

1. Partnership Name (Print Name)

1a. DOCUMENT #
A95000000611

BETHESDA WEST SURGERY CENTER, LTD.

(DO NOT WRITE IN THIS SPACE)

2. New Mailing Address (If Applicable)

State, Apt. #, etc.

City, State & Zip

2a. New Principal Office

State, Apt. #, etc.

City, State & Zip

Mailing Address

2815 SOUTH SEACREST BLVD.
BOYNTON BEACH FL 33435

Principal Office Address

2815 SOUTH SEACREST BLVD.
BOYNTON BEACH FL 33435

If above addresses are incorrect in any way, file through the correct information and enter correct addresses in Block 2 and Block 2a

3. (Date Formed or Registered in Do Business in)
FLORIDA
04/14/1995

3a. Date of Last Report

4. State or Country of Formation

FL

5a. Capital Contributions as Shown
on Record
\$375,000.00 (To Do)

5b. Amount of Capital Contributions in
FLC/DA to date

6. FID Number

☒ Applied For
☐ Not Application

7. CERTIFICATE OF STATUS REQUIRED

\$5.75 Additional Fee required
for Certificate of Status

8. FEES: 1) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5a or fee if 5a blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50.
2) Supplemental Fee: \$135.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent

STRAWN, JOEL T ESO.
C/O STRAWN & MONAGHAN, P.A.
54 N.E. FOURTH AVENUE
DELRAY BEACH FL 33483

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

State, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.102, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of section 620.102, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT use Post Office Box Number)	11b. City, State & Zip Code	11c. Registration/Document Number
BETHESDA WEST AMBULATORY SUR	2815 SOUTH SEACREST B	BOYNTON BEACH FL 3343	P05000005806 P93000085846

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(K), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(K) in the event that the information supplied is deemed exempt from public access. I affirm and certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, the owner or trustee or empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Robert B. Hill

BETHESDA WEST AMBULATORY

SURGERY CENTER, INC.

DATE

12/28/96

Telephone Number 407-737-7733

Typed or Printed Name of General Partner Signing Form