120 East Park Street
Tallahassee, FL 32301
800-342-8036

A95000000611

CSC networks
PRESTIGE HALL
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 574888 116238A

AUTHORIZATION : Patricia Pyatt

COST LIMIT : $ ~~140.00~~

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

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

C. TAX
FILING 87.50
R. AGENT FEE 35.00
COPY 8.75
TOTAL 131.25
V. BANK
BALANCE DUE
REFUND

DOMESTIC FILING

NAME: BETHESDA WEST SURGERY CENTER, ~~L.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: Sebrena Randolph

EXAMINER'S INITIALS:

95 APR 13 PM 2:15

4/14/95

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 F95000085896

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
TALLAHASSEE, FLORIDA
95 FEB 16 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 15th day of February, 1995.

OFFICIAL NOTARY SEAL
RITA AUDY JOHNSTON
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO CC306152
MY COMMISSION EXP. SEPT 25,1997

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: 2-15-95

A F F I D A V I T

STATE OF FLORIDA)
) ss
COUNTY OF PALM BEACH)

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 28, 1995

OFFICIAL NOTARY SEAL
RITA AUDY JOHNSTON
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC306152
MY COMMISSION EXP. SEPT 25,1997

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

1201 Hays Street
Tallahassee, FL 32301
(904) 222-8171
(800) 342-8036 FAX

800-342-8036

A95000000611

CSC networks
PRENTICE HALL
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 574888 116238A

AUTHORIZATION : Patricia Piggott

COST LIMIT : $ ~~140.00~~

-04/19/95--01025--014
***1687.50 ***1687.50

ORDER DATE : April 10, 1995

ORDER TIME : 2:14 PM

ORDER NO. : 574888

CUSTOMER NO: 116238A

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

54 N.e. Fourth Avenue

Delray Beach, FL 33483

C. TAX
FILING 1750.00
R. AGENT FEE 30.00
COPY 52.50
TOTAL 1832.50
V. BANK
BALANCE DUE
REFUND

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

DOMESTIC FILING

NAME: BETHESDA WEST SURGERY CENTER,
~~L.P.~~, LTD.

RECEIVED
95 APR 13 PM 2:15
DIVISION OF CORPORATION

____ 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

4/14/95

CONTACT PERSON: Sebrena Randolph

EXAMINER'S INITIALS: BH

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 F95000085796

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

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

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 28th day of February, 1995.

OFFICIAL NOTARY SEAL
RITA AUDY JOHNSTON
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC306152
MY COMMISSION EXP. SEPT 25,1997

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: 4/13/95

A F F I D A V I T

STATE OF FLORIDA)
) ss
COUNTY OF PALM BEACH)

FILED STATE
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

OFFICIAL NOTARY SEAL
RITA AUDY JOHNSTON
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC306152
MY COMMISSION EXP. SEPT 25,1997

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
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JAN -3 PM 7:17

1. Name of Limited Partnership

1a. DOCUMENT #
A95000000611

BETHESDA WEST SURGERY CENTER, LTD.

Mailing Address
2815 SOUTH SEACREST BLVD.
BOYNTON BEACH FL 35435

Principal Office Address
2815 SOUTH SEACREST BLVD.
BOYNTON BEACH FL 35435

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, if Applicable

Suite, Apt. #, etc.

City, State & Zip — 100000116855001 -01/10/96--01114--026 ****576.25 ****576.25

2a. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City, State & Zip

BTC 1/9/96

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a.

3. Date Formed or Registered to 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 be Pursued)

5b. Amount of Capital Contributions in FLORIDA to date

6. FEI Number

7. CERTIFICATE OF STATUS REQUIRED — X Applied For / Not Applicable — $8.75 Additional Fee required for a Certificate of Status

8. FEES: 1.) Filing Fee: Computed at a rate of $7 per $1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of $52.50 and a maximum of $437.50
2.) Supplemental Fee: $138.75 (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 ESQ.
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)

Suite, Apt. #, etc.

City — FL — Zip Code

10a. Pursuant to the provisions of sections 620.105(1) and 620.192, 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 620.192, 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 Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
BETHESDA WEST AMBULATORY SUR	2815 SOUTH SEACREST B	BOYNTON BEACH FL 3543	~~P95000085806~~ P93000065846

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 further 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, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Robert B. Hill — DATE 12/28/95

Typed or Printed Name of General Partner Signing Form: BETHESDA WEST AMBULATORY SURGERY CENTER, INC. — Telephone Number 407-737-7733

CR2E003 (6/95)

0007199