

A950000001265

OFFICE USE ONLY (Document #)

CORPORATE ACCESS, INC

(Requestor's Name) 116-D THOMASVILLE RD
TALLAHASSEE, FL 32303

(Address) (904) 222-2666

(City, State, Zip) (Phone #)

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
95 AUG 24 PM 2:02

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

100001578271

-08/30/95--01019--023

***1200.00 ***1200.00

1. Bonita Bay Surgery Center, Ltd.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time

☐ Mail out ☐ Will wait

☐ Photocopy

☒ Certified Copy

☐ Certificate of Status

C. TAX

FILING

R. AGENCY FEE

C. COPY

TOTAL

N. S&P

FFiling

NEW FILINGS	
☐	Profit
☐	NonProfit
☐	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
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☒	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

Examiner's Initials

BIC

CERTIFICATE OF LIMITED PARTNERSHIP

OF

BONITA BAY SURGERY CENTER, LTD.

1. Bonita Bay Surgery Center, Ltd.
(Name of Limited Partnership; must contain a suffix such as "Limited",
"Ltd.", or "Limited Partnership")

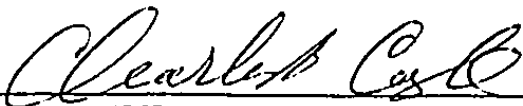
2. 26711 Tamiami Trail South, Bonita Springs, FL 33923
(The Business Address of Limited Partnership)

3. The Prentice Hall Corporation System, Inc.
(Name of Registered Agent for Service of Process)

4. c/o The Prentice Hall Corporation System, Inc.
1201 Hays Street, Tallahassee, FL 32301
(Florida Street Address for Registered Agent)

5. Acceptance by the Registered Agent for Service of Process.

THE PRENTICE HALL CORPORATION SYSTEM, INC.


(Officer Must Sign on This Line)

Charles A. Coyle, Assistant Secretary
(Type Name and Title of Officer)

6. One Park Plaza, Nashville, TN 37203
(The Mailing Address of the Limited Partnership)

7. The Last date upon which the Limited Partnership is to be dissolved December 31, 2050.

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8. NAME OF GENERAL PARTNER

Bonita Bay Surgery Center, Inc.

One Park Plaza
Nashville, TN 37203

pg 5-20065564

Signed this 22nd day of August, 1995.
Signature of all general partners:

BONITA BAY SURGERY CENTER, INC.

By: 
Rachel A. Seifert
Vice President

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, appeared the undersigned, constituting all of the general partners in ~~Bonita~~ Bay Surgery Center, Ltd., a Florida limited partnership (the "Partnership"), who after being duly sworn did certify as follows:

1. The amount of capital contributions to date of the limited partners in the Partnership is \$800,000;
2. The total amount contributed and anticipated to be contributed by the limited partners in the Partnership at this time totals \$800,000; and
3. The undersigned has read the foregoing and under penalties of perjury declares that the facts certified to are true, to the best of its knowledge and belief.

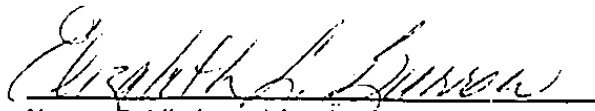
SUBSCRIBED AND SWORN TO this 22nd day of August, 1995.

BONITA BAY SURGERY CENTER, INC.

By:



Rachel A. Seifert
Vice President


Notary Public in and for the State of Tennessee

My Commission Expires: 11-22-97

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SECRETARY OF CORPORATIONS
DIVISION
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APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIP

DOCUMENT # A95000001265

1. Name of Limited Partnership
Bonita Bay Surgery Center, Ltd.

2. Mailing Address
One Park Plaza
Nashville, TN

3. Principal Office Address
26711 Tamiami Trail, S.
Nashville, TN

4. City, State, and Zip
Nashville, TN 37203 USA

5. City, State, and Zip
Bonita Springs, FL 33923 USA

6a. Capital Contributions as shown on Record
\$800,000.00

6b. Amount of Capital Contributions in Florida as of Date
\$800,000.00

FEES: 1) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 6b, with a minimum filing fee of \$92.50 and a maximum of \$437.50 for each year due this office.
2) Supplemental Fee: \$136.75 for each year due this office beginning with 1992 calendar year.
3) Penalty Fee: \$500 penalty fee for each year report form is delinquent.
Note: If the amount entered in 6b is greater than amount entered in 6a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

7. State or Country of Formation
Florida

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9. Name and Address of Current Registered Agent
The Prentice Hall Corporation System, Inc.
1201 Hays Street
Tallahassee, FL 32301

10. Filing and new registered agent office

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)
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Names of General Partner(s)

Bonita Bay Surgery Center, Inc.
One Park Plaza

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

City, State and Zip Code

Nashville, TN
37203

11a. Registration Document Number

P95000065569

REINSTATEMENT 1996-1997

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 119.073(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.073(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 indicated on the report and am authorized to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE

Stephen T. Braun

Stephen T. Braun, Director
Bonita Bay Surgery Center, Inc.

DATE 2/3/97

Typed or Printed Name of General Partner Signing Form

Telephone Number



ACCOUNT NO. A95000001265

ACCOUNT NO. : 072100000032

REFERENCE : 205509 501244

205509 501244i
AUTHORIZATION : Patricia Pyeatt
COST LIMIT : \$ 2082.50

COST LIMIT : \$ 2082.50

ORDER DATE : December 30, 1996

ORDER TIME : 11:55 AM

ORDER NO. : 205509-110

CUSTOMER NO: 5012441

1012441
CUSTOMER: Ms. Melinda Lampkin
Columbia/hca Healthcare
1 Park Plaza
P.O. Box 550
Nashville, TN 37202-0550

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DIVISION OF CORPORATIONS

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DOMESTIC FILINGS

NAME: BONITA BAY SURGERY CENTER,
LTD.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
 XX _____ CERTIFIED COPY

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
 _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Michael E. Klunk
EXAMINER'S INITIALS

RECEIVED
97FEB-5 PM 1:15
DIVISION OF CONSERVATION