A95000001265

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 #)

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

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100001573271
-08/30/95--01019--023
****1200.00 ****1200.00

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

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

100001573271
-08/30/95--01019--022
****637.50 ****637.50

C. TAX
FILING 1750.00
R. AGENT FEE 35.00
C. COPY 52.50
TOTAL 1837.50
R. BAL
REFUND

- [x] Walk in
- [x] Pick up time 824 1:00
- [x] Certified Copy
- [ ] Mail out
- [ ] Will wait
- [ ] Photocopy
- [ ] Certificate of Status

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

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File Second

8/24/95

Examiner's Initials	BK

CR2E031(9/92)

CERTIFICATE OF LIMITED PARTNERSHIP

OF

BONITA BAY SURGERY CENTER, LTD.

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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.

8. NAME OF GENERAL PARTNER

Bonita Bay Surgery Center, Inc. — One Park Plaza, Nashville, TN 37203

P95000064564

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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A95000001265

APPLICATION FOR REINSTATEMENT OF LIMITED PARTNERSHIP

Secretary of State
DIVISION OF CORPORATIONS

FILED
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DIVISION OF CORPORATIONS
97 FEB -6 PM 3:23

DOCUMENT # A95000001265

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

2. Mailing Address
One Park Plaza
Suite Apt # etc
Nashville, TN
City & State
Nashville, TN
Zip 37203 County USA

3. Principal Office Address
26711 Tamiami Trail, S.
Suite Apt # etc
City & State
Bonita Springs, FL
Zip 33923 County USA

4. Date of Qualification in Florida or Date Business Began in Florida 8-24-95

5. FEI Number 62-1614365 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. State or Country of Formation Florida

8a. Capital Contributions as Shown on Record $800,000.00

8b. Amount of Capital Contributions in FLORIDA to date $800,000.00

FEES: 1) Filing Fee(s) Computed at a rate of $7 per $1,000 on amount entered in 8b with a minimum filing fee of $52.5 a maximum of $437.50 for each year due this office
2) Supplemental Fee(s) $131.75 for each year due this office beginning with 1992 calendar year
3) Penalty Fee(s) $500 penalty fee for each year report form is delinquent
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee

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

10. Name and new registered office
Name
General Address (P.O. Box Number is Not Acceptable)
Suite Apt # etc
City
FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 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) / 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 MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Names of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City State and Zip Code	11a. Registration Document Number
Bonita Bay Surgery Center, Inc.	One Park Plaza	Nashville, TN 37203	P95000065569

REINSTATEMENT 1996-1997

BK

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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 effect as if made under oath; I further certify that I am a General Partner of the limited partnership and that I am empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE Stephen T. Braun DATE 2/3/97

Typed or Printed Name of General Partner Signing Form Stephen T. Braun, Director
~~Bonita Bay Surgery Center, Inc.~~

Telephone Number

A95000001265

CSC THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 205509 5012441

AUTHORIZATION : Patricia Pyzuch

COST LIMIT : $ 2082.50

ORDER DATE : December 30, 1996

ORDER TIME : 11:55 AM

ORDER NO. : 205509-110

CUSTOMER NO: 5012441

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

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DOMESTIC FILINGS

NAME: BONITA BAY SURGERY CENTER, LTD.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Michael E. Klunk

EXAMINER'S INITIALS _____

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