A95000001265

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP

Secretary of State
DIVISION OF CORPORATIONS

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

4/12/96
DO NOT WRITE IN THIS SPACE

DOCUMENT # A95000001265

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

2. Mailing Address	3. Principal Office Address	4. Date Formed or Registered To Do Business in Florida
One Park Plaza	26711 Tamiami Trail, S.	8-24-95
Suite Apt # etc	Suite Apt # etc	5. FEI Number 62-1614365 ☐ Applied For ☐ Not Applicable
City & State Nashville, TN	City & State Bonita Springs, FL	6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status
Zip 37203 Country USA	Zip 33923 Country USA	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 $52.50 and a maximum of $437.50, for each year due this office
2) Supplemental Fee(s): $138.75 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	10. If changed, new registered agent/office
The Prentice Hall Corporation System, Inc. 1201 Hays Street Tallahassee, FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) Suite Apt # etc City FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 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). 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 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)(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 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

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 205509 5012441

AUTHORIZATION : Patricia Pyjut

COST LIMIT : $ 2082.50

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

ORDER DATE : December 30, 1996

ORDER TIME : 11:55 AM

ORDER NO. : 205509-110

CUSTOMER NO: 5012441

900002030829--6

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

DOMESTIC FILINGS

NAME: BONITA BAY SURGERY CENTER, LTD.

XX ___ REINSTATEMENT

BK

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

RECEIVED
97 FEB -6 PM 1:15
DIVISION OF CORPORATION

CONTACT PERSON: Michael E. Klunk

EXAMINER'S INITIALS _____