

CSC-TALLAHASSEE

**A01000000047**

Requester's Name

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521-1000

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Authorization: Patricia Pigute

CSC Contact: Kelly

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

1. Ambulatory Surgery Center  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

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3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

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☐ Will wait

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☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark

☒ Other Statement of Qualification **LLCP**

Examiner's Initials

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

01 JAN -9 PM 3:12

RECEIVED

FILED  
JAN -9 PM 1:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STATEMENT OF QUALIFICATION FOR  
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership as identified in the records of the Florida Department of State:

Ambulatory Surgery Center of Marion County, LLLP

Attached is the certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees.

2. Suffix adopted for the above named partnership: LLLP

3. The street address of its chief executive office:  
(If different from current recorded address)

SAME

4. The street address of principal office in Florida:  
(If different from above)

SAME

5. The limited partnership hereby elects to be a limited liability limited partnership.

6. The effective date of this filing shall be:

  X   as of the date this document is filed with the Florida  
Secretary of State

or

\_\_\_\_\_ a date later than the time of filing: \_\_\_\_\_.

7. The name and Florida street address of the partnership's agent for service of process:

Muhammad A. Jawad, M.D.  
2820 S.E. 3<sup>rd</sup> Court  
South Pine Medical Park, Suite One  
Ocala, Florida 34471

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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JAN - 9 PM 1:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signed this 12 day of December, 2000.

Signature of TWO Partners:

M. A. Jawad  
Muhammad A. Jawad, M.D.  
Partner

Ravi Chandra  
Ravi Chandra, M.D.  
Partner

Typed or printed names of partners signing above:

Muhammad A. Jawad, M.D., Partner  
Ravi Chandra, M.D., Partner

Filing Fee:	\$25.00
Certified Copy:	\$52.50
Certificate of Status:	\$ 8.75

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01 JAN -9 11 13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA