

CT CORPORATION SYSTEM

**A01000001364**

CORPORATION(S) NAME

Sarasota ~~Surgery Center, L.P.~~

0 **SURGERY, LTP.**

**FILED**  
01 OCT -2 PM 12:08  
TALLAHASSEE, FLORIDA  
TALLAHASSEE, FLORIDA

300004620689--3  
-10/03/01--01002--009  
\*\*\*1785.00 \*\*\*1785.00

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Profit                         | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> Nonprofit                      |   |   |
| <input type="checkbox"/> Foreign                        | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
|   | <input type="checkbox"/> Reinstatement          |   |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other              |
| <input type="checkbox"/> LLC                            | <input type="checkbox"/> Name Registration      | <input type="checkbox"/> Change of RA       |
|   | <input type="checkbox"/> Fictitious Name        | <input type="checkbox"/> UCC                |
| <input type="checkbox"/> Certified Copy                 | <input type="checkbox"/> Photocopies            | <input type="checkbox"/> CUS                |
| <input type="checkbox"/> Call When Ready                | <input type="checkbox"/> Call If Problem        | <input type="checkbox"/> After 4:30         |
| <input checked="" type="checkbox"/> Walk In             | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out                       |   |   |

**RECEIVED**  
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Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

10/2/01

Order#: 4820996

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

*g/r*



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

October 3, 2001

C T CORPORATION SYSTEM

TALLAHASSEE, FL

SUBJECT: SARASOTA SURGERY CENTER, L.P.  
Ref. Number: W01000022854

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01 OCT -2 PM 12:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for SARASOTA SURGERY CENTER, L.P. and your check(s) totaling \$1785.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note we have RETAINED your \$1,785.00 payment.

- ✓ The Registered Agent must sign the acceptance statement in Item 5.
- ✓ Please note that Florida limited partnerships cannot use the suffix "LP". You may use LTD., LIMITED, or LIMITED PARTNERSHIP.
- ✓ The limited partnership name designated in the document is not available since it is the same as, or not distinguishable from the name of another entity on file with this office. Please select a new name and make the substitution in all the appropriate places.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr  
Corporate Specialist

Letter Number: 401A00055450

*Please supply funds and file. Backdate (if possible) to 10/2/01.*

*Thank you,  
Lama @ CT*

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01 OCT 10 AM 11:08  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## CERTIFICATE OF LIMITED PARTNERSHIP

1. Sarasota Surgicare, Ltd.  
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 4135 S. Tamiami Trail, Sarasota, FL 34239  
(Business address of Limited Partnership)
3. CT Corporation System  
(Name of Registered Agent for Service of Process)
4. 1200 South Pine Island Road, Plantation, FL 33324  
(Florida street address for Registered Agent)
5. Connie Bryan  
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 17103 Preston Road, Suite 200N, Dallas, TX 75248  
(Mailing Address of the Limited Partnership)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CONNIE BRYAN  
SPECIAL ASSISTANT SECRETARY

7. The latest date upon which the Limited Partnership is to be dissolved is: December 31, 2050
8. Name(s) of general partner(s): \_\_\_\_\_ Street address: \_\_\_\_\_

<u>Surgery Center of Sarasota, L.P.</u>	<u>4135 S. TAMAMI Trail</u>
<u>897000000110</u>	<u>Sarasota, FL 34239</u>
_____	_____
_____	_____

*Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.*

Signed this 3 day of October, 2001.

Signature of all general partners:

<u>[Signature]</u>	_____
General Partner	General Partner
Ronald E. Moore, Pres. of Surgery Center of Sarasota GP, Inc. (General Partner	_____
_____ of Surgery Center of Sarasota, L.P.)	General Partner
General Partner	_____
General Partner	General Partner

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS  
FOR FLORIDA LIMITED PARTNERSHIP**

The undersigned constituting all of the general partners of Sarasota Surgicare, P.A.

a Florida Limited Partnership, certify:

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

The amount of capital contributions to date of the limited partners is \$ 1.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$ 4,360,571.00.

Signed this 3 day of October, 2001.

FURTHER AFFIANT SAYETH NOT.

*Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.*

General Partner: Surgery Center of Sarasota, L.P.

By: Ronald E. Moore, President of its general partner (Surgery Center of Sarasota GP, Inc.)

✓ [Signature]  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner