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From:
Account Name : C T CORPORATION SYSTEM
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FLORIDA LIMITED PARTNERSHIP

Miami Lakes Surgery Center, Ltd.

Certificate of Status	0
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CERTIFICATE OF LIMITED PARTNERSHIP

- 1. Miami Lakes Surgery Center, Ltd.
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
- 2. One Park Plaza, Nashville, TN 37203
(Business address of Limited Partnership)
- 3. CT Corporation System
(Name of Registered Agent for Service of Process)
- 4. c/o CT Corporation System, 1200 South Pine Island Road, Plantation, Florida 33324
(Florida street address for Registered Agent)
CT Corporation System
- 5. By: Jennifer F. Aultman, Assistant Secretary
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
- 6. One Park Plaza, Nashville, TN 37203
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: 12/31/2050
 8. Name(s) of general partner(s): _____ Street address: _____

<u>Surgicare of Miami Lakes, LLC</u>	<u>One Park Plaza, Nashville, TN 37203</u>
<u>LO4-26435</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 8th day of April, 2004

Signature of all general partners:

<u><i>David Blackwood</i></u> General Partner Surgicare of Miami Lakes, LLC	_____
By <u>Dora A. Blackwood, Vice President</u>	General Partner
_____	General Partner
_____	General Partner

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

The undersigned constituting all of the general partners of Miami Lakes Surgery Center, Ltd.

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 1,000

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$ 1,000

Signed this 8th day of April, 2004

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.

Dora A. Blackwood
General Partner
Surgicate of Miami Lakes, LLC
By Dora A. Blackwood, Vice President

General Partner

General Partner

General Partner

General Partner

General Partner

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