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CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Murdock Ambulatory Surgery Center, Ltd., LLP

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	Reinstatement	Trademark
X	Stmt of qual	Other

STATEMENT OF QUALIFICATION FÓR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

 $\mathbf{1}_{\mathbf{x}}$. \sim The name of the limited partnership as identified in the records of the Florida Department of State:

	MURDOCK AMBULATORY SURGERY CENTER, LTD., LLP	
	Insert limited partnership's Florida document number:	
	or	
	Attach Certificate of Limited Partnership, Affidavit of Capital Contributions and applifiling fees.	cable limited partnership
2.	The complete name of the entity after filing Statement of Qualification shall be:	
	MURDOCK AMBULATORY SURGERY CENTER, LTD.,	LLP
3.	The street address of its chief executive office	5.c 0
	(if different from current recorded address):	
	1420 Education Way	Fig to T
	Port Charlotte, FL 33948	
		552 13
4.	The street address of principal office in Florida:	23 PM 12 SSEE, FL
4.		me p 14
	(if different from above)	
	SAME AS ABOVE	O4 JUL 23 PH 12: 48 SECRE JAR OF STATE ALLAHASSEE, FLORID
5.	The mailing address of the limited partnership shall be:	DA A
	Post Office Box 494997	
	Port Charlotte, FL 33949	
6.	The limited partnership hereby elects to be a limited liability limited partnership.	
7.	The effective date of this filing shall be:	
.,	XX as of the date this document is filed with the Florida Secretary of State	
	a date later than the time of filing:	
8.	The name and Florida street address of the partnership's agent for service of process:	:
	Libra Investments, LLC	
	215 George Road	
	Port Charlotte, FL 33952	
	execution of this statement as a partner constitutes an affirmation under the penaltics of penal	rjury that the facts stated
Signe	ed this 2 day of July , 2004.	.*
Signa	ature of Sole General Partner:	
LGBE	BGH HOLDINGS, LLP	
	Lib <u>ra</u> Investments, LL C, M anaging Partner	
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