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Suncoast Specialty Surgery Center, Ltd, LLLP

Filing Evidence

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- ☐ Certified Copy

Type of Document

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

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	NEW FILINGS
	Profit
	Non Profit
	Limited Liability
	Domestication
X	Other

	AMENDMENTS
	Amendment
	Resignation of RA Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
	Annual Reports
	Fictitious Name
	Name Reservation
	Reinstatement

	REGISTRATION/QUALIFICATION
	Foreign
	Limited Liability
	Reinstatement
	Trademark
	Other

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 23, 2006

UCC FILINGS

,

SUBJECT: SUNCOAST SPECIALITY SURGERY CENTER, LTD, LLLP
Ref. Number: W06000014087

We have received your document for SUNCOAST SPECIALITY SURGERY CENTER, LTD, LLLP and your check(s) totaling $1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability limited partnership cannot include a limited partnership suffix. The name must include an acceptable limited liability limited partnership suffix. Acceptable limited liability limited partnership suffixes include: Limited Liability Limited Partnership, L.L.L.P. or LLLP. Please amend your document accordingly.

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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 706A00019905

Please file as of the original submission date.

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TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP
OF
SUNCOAST SPECIALTY SURGERY CENTER, LLLP

The undersigned General Partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act of 2005, hereby states as follows:

1. The name of the limited partnership shall be SUNCOAST SPECIALTY SURGERY CENTER, LLLP.

2. The limited partnership shall exist perpetually commencing as of the date on which this Certificate of Limited Partnership is filed with the Florida Department of State.

3. The street and mailing address of the initial designated office of the limited partnership is 5305 Grand Boulevard, New Port Richey, Florida 34652.

4. The name and street address of the initial registered agent of the limited Partnership are Carey T. Rowan, M.D., 5305 Grand Boulevard, New Port Richey, Florida 34652.

5. The name and business address of the sole General Partner are Suncoast Specialty Surgery Holdings, LLC, 5305 Grand Boulevard, New Port Richey, Florida 34652.

6. The limited Partnership is a limited liability limited Partnership.

The execution of this Certificate of Limited Partnership by the undersigned constitutes an affirmation under the penalties of perjury that the facts stated herein are true and correct.

IN WITNESS WHEREOF, the undersigned, being the General Partner of SUNCOAST SPECIALTY SURGERY CENTER, LLLP has executed this Certificate of Limited Partnership of SUNCOAST SPECIALTY SURGERY CENTER, LTD, LLLP on this 22nd day of March, 2006.

SUNCOAST SPECIALTY SURGERY
HOLDINGS, LLC

By: _____
Carey T. Rowan, Sole Member and
President

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

The undersigned, having been named as Registered Agent for SUNCOAST SPECIALTY SURGERY CENTER, LLLP a Florida limited liability limited partnership (the "Partnership") in the foregoing Certificate of Limited Partnership, hereby agrees to accept service of process for the Partnership and to comply with any and all Florida Statutes relative to the complete and proper performance of the duties of Registered Agent.

Dated March 22, 2006.

Carey T. Rowan
REGISTERED AGENT