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RE-SUBMISSION

From:

Account Name : AKERMAN SENTERFITT - TAMPA
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**PLEASE BACK DATE
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THANK YOU.

FLORIDA/FOREIGN LP/LLP

WESTCHASE SURGERY CENTER, LTD.

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$1,061.25

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J. BRYAN FEB 20 2007

CERTIFICATE OF LIMITED PARTNERSHIP

1. The name of the Limited Partnership is **WESTCHASE SURGERY CENTER, LTD.**
2. The business and mailing address of the Limited Partnership is 4726 North Habana Avenue, Suite 204, Tampa, Florida 33614.
3. The name and street address of the registered agent for service of process is American Information Services, Inc., 401 E. Jackson Street, Suite 1700, Tampa, Florida 33602.
4. The latest date upon which the Limited Partnership is to be dissolved is December 31, 2080.
5. The name and address of the sole general partner is **Surgery Partners of Westchase, LLC, 4726 North Habana Avenue, Suite 204, Tampa, Florida 33614.** #L07000016883

Under penalties of perjury the undersigned has read the foregoing and knows the contents thereof and that the facts stated herein are true and correct.

Signed this 14th day of February, 2007.

SURGERY PARTNERS OF WESTCHASE, LLC
(sole general partner of Westchase Surgery Center, Ltd.)

By: 
Joseph Rugg, Authorized Representative

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ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent and designated to accept service of process for the within-named Company, at the place designated herein, and being familiar with the obligations of that position, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

AMERICAN INFORMATION SERVICES, INC.

By: 
Joseph Rugg, Vice President

Dated: February 14, 2007