

Certificate of Limited Partnership

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FILED
December 09, 2014
Sec. Of State
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Name of Limited Partnership:

MEMORIAL SURGICARE II, LTD.

Street Address of Limited Partnership:

ONE PARK PLAZA
NASHVILLE, TN. 37203

Mailing Address of Limited Partnership:

P.O. BOX 750
NASHVILLE, TN. 37202

The name and Florida street address of the registered agent is:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL. 33324

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: NATHAN GIFFIN

The name and address of all general partners are:

Title: G
MEMORIAL HEALTHCARE GROUP, INC.
ONE PARK PLAZA
NASHVILLE, TN. 37203

Signed this Ninth day of December, 2014

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

General Partner Signature: NATALIE H. CLINE

The individual(s) signing this document affirm(s) that the facts stated herein are true and the individual(s) is/are aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.