

A15000000205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

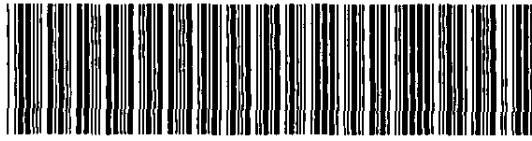
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W15-20296 GP NOT Reg.

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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
15 MAR 23 PM 4:20
NOT RECORDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
2015 MAR 23 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
MAR 27 2015

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 559872 4369500

AUTHORIZATION :

COST LIMIT : \$1,000.00



ORDER DATE : March 23, 2015

ORDER TIME : 3:44 PM

ORDER NO. : 559872-005

CUSTOMER NO: 4369500

DOMESTIC FILING

NAME: PALM BAY SURGERY CENTER, LLLP

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP
ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carrie Pugh - EXT. 62834

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 24, 2015

CORPORATION SERVICE COMPANY
CARRIE PUGH

SUBJECT: PALM BAY SURGERY CENTER, LLLP
Ref. Number: W15000020296

RESUBMIT
Please give original
submission date as file date.

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

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 315A00005812

RECEIVED
DEPT. OF STATE
15 MAR 26 AM 10:48

FILED

2015 MAR 23 AM 9:39

**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. PALM BAY SURGERY CENTER, LLLP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, LL L.P.
or LLLP.

2. C/O SURGERY PARTNERS, 40 BURTON HILLS BOULEVARD, SUITE 500

(Street address of initial designated office)

NASHVILLE, TENNESSEE 37215

3. CORPORATION SERVICE COMPANY

(Name of Registered Agent for Service of Process)

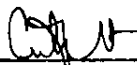
4. 1201 HAYS STREET

(Florida street address for Registered Agent)

TALLAHASSEE, FLORIDA 32301

5. *I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Courtney Williams
Asst. Vice President



Signature of Registered Agent

6. C/O SURGERY PARTNERS, 40 BURTON HILLS BOULEVARD, SUITE 500

(Mailing address of initial designated office)

NASHVILLE, TENNESSEE 37215

7. If limited partnership elects to be a limited liability limited partnership, check box

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

Surgery Partners of Merritt Island, LLC

C/O SURGERY PARTNERS

40 BURTON HILLS BLVD., #500

NASHVILLE, TENNESSEE 37215

9. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this 23rd day of March, 2015.

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any 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.

Surgery Partners of Merritt Island, LLC

By: Jennifer Boyd Baldock

Print Name: Jennifer Boyd Baldock

Print Title: Authorized Person

Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75