

**A30809**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000098541 3)))



H160000985413ABC1

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)205-8842  
Fax Number : (850)878-5368

TALLAHASSEE, FLORIDA

2016 APR 20 PM 3:13:16 MAR 20 AM 10:52

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**LP/LLP AMENDMENT/RESTATEMENT/CORRECTION  
MEDICAL CENTER SURGERY ASSOCIATES LIMITED  
PARTNERSHI**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$52.50

APR 21 2016

**S. YOUNG**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Medical Center Surgery Associates Limited Partnership  
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Ceci Estill  
Contact Person

HCA Management Services, L.P.  
Firm/Company

One Park Plaza  
Address

Nashville, TN 37203  
City, State and Zip Code

shirley.scharf@hcahealthcare.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ceci Estill at ( 615 ) 344-2994  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$52.50 Filing Fee
- \$61.25 Filing Fee and Certificate of Status
- \$105.00 Filing Fee and Certified Copy
- \$113.75 Filing Fee, Certified Copy, and Certificate of Status

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 MAR 20 AM 10: 52

AMENDMENT TO CERTIFICATE OF AUTHORITY  
FOR  
FOREIGN LIMITED PARTNERSHIP OR  
LIMITED LIABILITY LIMITED PARTNERSHIP

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:

Medical Center Surgery Associates Limited Partnership

2. The jurisdiction of its formation is: Tennessee

3. The date the entity was authorized to transact business in Florida is: 11/14/1990

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

5. If the amendment changes the general partner(s), list the name and business address of each general partner:

Name:

Business Address:

Surgicare of Brooksville, LLC

One Park Plaza

Nashville, TN 37203

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 MAR 20 AM 10:52

6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

- The entity elects to be a limited liability limited partnership.
- The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days olds, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

10. Effective date, if other than the date of filing: \_\_\_\_\_  
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature of a general partner:  
Surgicare of Brooksville, LLC, general partner

By: Natalie H. Cline

Typed or printed name:

Natalie H. Cline, Vice President and Secretary

<b>Filing Fee:</b>	<b>\$52.50</b>
<b>Certified Copy (optional):</b>	<b>\$52.50</b>
<b>Certificate of Status (optional):</b>	<b>\$8.75</b>

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 MAR 20 AM 10:52