


2009 LIMITED PARTNERSHIP REINSTATEMENT

FILED
 09 MAY -5 PM 5:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A31189

1. Entity Name
BOCA RATON OUTPATIENT SURGERY & LASER CENTER, LTD



Principal Place of Business
**501 GLADES ROAD
 BOCA RATON, FL 33432**

Mailing Address
**P.O. BOX 380546
 BIRMINGHAM, AL 35238**

2. Principal Place of Business - No P.O. Box #
3000 Riverchase Galleria

3. Mailing Address
3000 Riverchase Galleria

Suite, Apt. #, etc.
Ste 500

City & State
Birmingham, AL

City & State
Birmingham, AL

Zip
35244

Country

04282009 REIN-LP CR2E100 (1/07)

4. FEI Number
65-0241934

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (REGISTERED AGENT MUST SIGN)

FILE NOW!!! FEE IS \$1000.00

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	S31434	STREET ADDRESS	3000 Riverchase Galleria Ste 500
NAME	HSC OF BOCA RATON, INC.	CITY-ST-ZIP	Birmingham, AL 35244
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY		
CITY-ST-ZIP	BIRMINGHAM, AL 35243		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	200155125182
NAME		CITY-ST-ZIP	05/01/09--01056--010 **1000.00
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DOCUMENT #		STREET ADDRESS	
NAME	S. HAWKES	CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME	MAY 08 2009	CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME	EXAMINER	CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

REINSTATEMENT
 2008/09

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Steven J. Herbert Date: 4/28/09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE