A32406

Florida Department of State
Division of Corporations
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L. SELLERS
MAY - 1 2009
EXAMINER

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

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

LP/LLLP REINSTATEMENT

INDIAN RIVER SURGERY CENTER, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	~~$2,000.00~~

$ 1,000.00

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A32466

1. Name of Limited Partnership

Indian River Surgery Center, Ltd

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3000 Riverchase Galleria	3000 Riverchase Galleria
Suite, Apt. #, etc. Suite 500	Suite, Apt. #, etc. Suite 500
City & State Birmingham, AL	City & State Birmingham, AL
Zip 35244 Country US	Zip 35244 Country US

CR2E039 (1/07)

4. Date Formed or Registered To Do Business In Florida 1/10/1992

5. FEI Number 62-1484043 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

7. FEES:

Filing Fee(s): $411.25 for each year due this office.

Supplemental Fee(s): $88.75 for each year due this office.

Penalty Fee(s): $500 for each year or part thereof limited partnership revoked on our records.

☑ A $500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $500 penalty fee(s) be waived.

9. Pursuant to the provisions of section 620.1510 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 (Registered Agent Accepting Appointment) Terence Hardley Asst. Secretary DATE 4/30/09
(REGISTERED AGENT MUST SIGN)

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
Indian River Physician Associates, Inc	1200 37th Street	Vero Beach, FL 32960	K91869
Surgery Center of Vero Beach, Inc	3000 Riverchase Galleria, Suite 500	Birmingham, AL 35244	P38529

REINSTATEMENT 0809

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. In the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, member or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE Steven J Hutkai DATE 4/27/09

Typed or Printed Name of General Partner Signing Form: Steven J Hutkai, VP of the GP Telephone Number: 205-545-2572