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Florida Department of State

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Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : COHEN, CHASE, HOFFMAN & SCHIMMEL, P.A.

Account Number: 102450002676 : (305)670-0201 Phone Fax Number : (305)670-6152

LIMITED PARTNERSHIP AMENDMENT

AMBULATORY SURGICAL CENTRE OF MIAMI, LTD.

Certificate of Status	0
Certified Copy	1
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STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

- 1. The name of the limited partnership as identified in the records of the Florida Department of State is AMBULATORY SURGICAL CENTRE OF MIAMI, LTD., and its Florida Document No. is A32908.
- 2. The complete name of the entity after filing this Statement of Qualification shall be AMBULATORY SURGICAL CENTRE OF MIAMI, LLLP.
- 3. The limited partnership hereby elects to be a limited liability limited partnership.
- 4. The effective date of this filing shall be as of the date this document is filed with the Florida Secretary of State.
- 5. The name and street address of the partnership's agent for service of process are:

CT Corporation System 1200 Pine Island Road Plantation, Florida 33324

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Dated this 21 day of August, 2005.

Miami Endocenter LLC, Document No. L05000000907,

General Partner

By: Miami Endocenter Corp.,

Member

James Leavitt, M.D.,

Fresident

PAREERSVARAVILESIASCOMVLLP STATEMENT

Miami Endocenter Corp.,

Document No. P98000063776

Limited Partner

James Leavitt, M.D.

President

VISION OF CURPORALIUMS