$1,573.75

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP

A33379

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 16 PM 12:11

DOCUMENT # A33379

1. Name of Limited Partnership

Highlands Surgery Center Limited Partnership

4/14/95

(DO NOT WRITE IN THIS SPACE)

2. Mailing Address	3. Principal Office Address	4. Date Formed or Registered To Do Business in Florida
c/o HMA Inc.	Highlands Surgery Center	9/2/92
Suite, Apt. #, etc. Suite 500, 5811 Pelican Bay Blvd.	Suite, Apt. #, etc. 7200 S. George Blvd.	5. FEI Number 94-3159142
City & State Naples, Florida	City & State Sebring, Florida	6. CERTIFICATE OF STATUS DESIRED ☐
Zip 34108 / Country USA	Zip 33872 / Country USA	7. State or Country of Formation USA

8a. Capital Contributions as Shown on Record: 300,000

8b. Amount of Capital Contributions in FLORIDA to date: $ 5,477.69

FEES: 1.) Filing Fee(s): Computed at a rate of $7 per $1,000 on amount entered in 8b, with a minimum filing fee of $52.50 and a maximum $437.50, for each year due this office.
2.) Supplemental Fee(s): $130.75 for each year due this office, beginning with 1982 calendar year.
3.) Penalty Fee(s): $500 penalty fee for each year report form is delinquent.
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent

~~Anthony C. Rispoli~~
~~681 Goodlette Rd. N., Suite 140~~
~~Naples, FL 33940~~

10. If changed, new registered agent/office

Name: Timothy R. Parry
Street Address (P.O. Box Number is Not Acceptable): c/o HMA Inc.
Suite, Apt. #, etc.: 5811 Pelican Bay Blvd. - Suite 500
City: Naples FL Zip Code: 34108

10a. Pursuant to the provisions of sections 620.1051 and 620.192 Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of section 620.192 Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) Timothy R. Parry DATE AS OF 12-10-96

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

11. Names of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration/ Document Number
Sebring Hospital Management Associates, Inc., a Florida corporation	5811 Pelican Bay Blvd. Suite 500	Naples, FL 34108	H48422

900002038019--8
-12/18/96--01104--013
***1626.25 ***1573.75

PENALTY 1,000.00
AR 157.50
SUPP 416.25
1573.75

REINSTATEMENT 1995-1996

BK EVS

1997 A.R.

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

12. I do hereby certify that the information supplied with this filing is voluntarily furnished, and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I hereby request the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event inaccurate information supplied is deemed exempt from public access. I further certify that the information contained in 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 (manager or agent) empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Robb L. Smith DATE 12/10/96

SR VICE-President

Telephone Number