

APPLICATION FOR REINSTATEMENT LIMITED PARTNERSHIP		FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE DIVISION OF CORPORATIONS	
DOCUMENT # A 93000000915 1. Name of Limited Partnership ORLANDO SURGERY CENTER REAL ESTATE PARTNERSHIP, LTD.		DO NOT WRITE IN THIS SPACE	
2. Mailing Address 1340 Palmetto Avenue Suite, Apt. #, etc. City & State Winter Park, Florida Zip Country 32792 United States		3. Principal Office Address 2000 North Orange Avenue Suite, Apt. #, etc. City & State Orlando, Florida Zip Country 32804 United States	
4. Date Formed or Registered To Do Business in Florida 09/02/93		5. FEI Number 59-3199471	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> YES <small>\$8.75 Additional Fee required for a Certificate of Status</small>		7. State or Country of Formation Florida	
8a. Capital Contributions as Shown on Record \$989,375.00		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 of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$103.75 for each year due this office, beginning with 1992 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.	
8b. Amount of Capital Contributions in FLORIDA to date: \$989,375.00			
9. Name and Address of Current Registered Agent Kaplan, Sanford 1340 Palmetto Avenue Winter Park, Florida 32792		10. If changed, new registered agent/office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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) <u>Sanford Kaplan</u> DATE <u>6-22-99</u>			
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) ORLANDO SURGERY CENTER, INC.		11a. Registration Document Number P93000062758	
Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1340 Palmetto Avenue		City, State and Zip Code Winter Park, Florida 32792	
ADM 500.00 AR 437.50 AR SUPP 88.75 1026.25		REINSTATEMENT 1999 800002813718-1 -06/24/99--01001--022 ***1628.75 ***1026.25	
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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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 receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.			
SIGNATURE by: <u>Sanford Kaplan</u> DATE <u>06/24/99</u> SANFORD KAPLAN, VICE PRESIDENT Telephone Number <u>407-644-1262</u>			

\$1,026.25

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JUN 23 PM 4:00

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