

A93000000915

PLEASE READ ALL INSTRUCTIONS FOR COMPLETING THIS FORM

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

02 JAN 18 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **A93000000915**

1. Name of Limited Partnership

**Orlando Surgery Center Real
Estate Partnership, Ltd.**

MJH

1/18 2000-2001-2003

2. Principal Office Address

2000 North Orange Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

3401 West End Avenue

Suite, Apt. #, etc.

Suite 120

City & State

Orlando, FL

City & State

Nashville, TN

Zip

32804

Country

United States

Zip

37203

Country

United States

4. Date Formed or Registered
To Do Business in Florida

09/02/93

5. FEI Number

59-3199471

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7a. Capital Contributions as shown on Record:

\$989,375.00

7b. Amount of Capital Contributions in FLORIDA to date:

\$989,375.00

8. Name and Address of Current Registered Agent

Name

NRAI Services, Inc.

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

526 East Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

FEES:

1) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.

2) Supplemental Fee(s): \$88.75 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 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. 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)

DATE

**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)

**Ambulatory Resource Centres
of Florida, Inc.**

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

**3401 West End Avenue
Suite 120**

City, State and Zip Code

Nashville, TN 37203

10a. Registration
Document Number

P98000022090

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-01/25/02--01096--013

*****3078.75 ***3078.75**

REINSTATEMENT

2000, 2001, 2002

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 exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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

[Signature]

DATE

1/17/02

Typed or Printed Name of General Partner Signing Form

Hugh C. Howser, Jr.

Telephone Number

(615) 744-8520

CR2E039 (9/01)