

AG40000000177

Requester's Name
Deland Surgery Center, Ltd.

Address
3407 Westend Ave., Ste 120

City/State/Zip
Nashville, TN 37203

Phone #

4129

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. AG4-777 Supp. Af 300005367893-1
 (Corporation Name) (Document #) 04/29/02 01056-011
 ****385.00 ****385.00

2. _____ (Corporation Name) (Document #)

3. _____ (Corporation Name) (Document #) **MJH**

4. _____ (Corporation Name) (Document #)

Walk in Pick up time _____
 Mail out Will wait Photocopy

Certified Copy
 Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

02 APR 29 PM 5:07
SECY OF STATE
TALLAHASSEE FLORIDA

FILED

Examiner's Initials

**SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A
FLORIDA LIMITED PARTNERSHIP**

The undersigned general partners of DeLand Surgery Center, Ltd.

, a

Florida Limited Partnership, executed this supplemental affidavit filed pursuant to section 620.112, Florida Statutes.

The total amount of the capital contributions of the limited partners is: \$ 56,000.

This 10th day of April, 2002.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and that the facts are true, to the best of my knowledge and belief.

General Partner(s)

Charles T. Neal
Charles T. Neal, CEO
SurgiCare of DeLand, Inc.

Fees: \$7 per \$1000, based on additional contributions Minimum \$ 52.50 Maximum \$1750.00
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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Make checks payable to Florida Department of State and mail to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314