

A940000000920

Delray Outpatient Surgery & Laser Center, Uel.

Requestor's Name

4800 Linton Blvd, Bldg B

Address

Delray Beach, FL 33445

City/State/Zip

Phone #

300002050033--3

-01/08/97--01028--011

***175.00 ***175.00

Office Use Only

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

300002050033--3

-01/08/97--01028--012

***1575.00 ***1575.00

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 DEC 23 PM 12:51

NEW FILINGS	
☐	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☒	Amendment <i>Supplemental affidavit</i>
☐	Resignation of R.A., Officer/ Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

to \$ 775,000.00

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

C. TAX _____
FILING 1,750.00
R. AGENT FEE _____
C. COPY _____
TOTAL _____
N. DUEK _____
BALANCE DUE _____
REFUND _____

A940000000920

Examiner's Initials

dee



SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned, constituting all of the general partners of Deleay Outpatient
Surgery and Laser 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 \$ 775,000.00

This 14 day of October, 19 96.

FURTHER AFFIANT SAYETH NOT.

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

General Partners

Fees: \$7 per \$1000, based on the additional contributions
Minimum \$52.50 - Maximum \$1750.00

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