Prentice Hall Legal & Financial Services

ATTN: Lisa (904) 222-7495

1201 HAYS STREET, SUITE 105
TALLAHASSEE, FL 32301

A95000000090

CORPORATION(S) NAME — CHARTER NUMBER

Niceville Surgery Center Ltd.

600001385116
-01/20/95--01025--024
****140.00 ****140.00

95 JAN 17 PM 1:54

____	Amendment	____	Merger
____	Annual Report	____	Name Reservation
____	Change of Registered Agent	____	Name Registration
____	Dissolution/Withdrawal	____	Non-Profit/Articles of Incorporation
____	Domestication	____	Other ____
____	Fictitious Business Name	____	Profit/Articles of Incorporation
____	Foreign - Profit	____	Reinstatement
X	Foreign - Non-Profit	____	Resignation of R.A., Off/Dir
____	Limited Partnership	____	Trademark
____	Limited Liability	____	UCC/Filing 1 ____
____	Mtr. Veh. ____	____	UCC/Filing 3 ____

C. TAX
FILING 52.50
AGENT FEE 35.00
C. COPY 52.50
TOTAL 140.00
N. BANK
BALANCE DUE
REFUND

X	Certified Copy ____	____	CUS
____	Photocopy ____	____	Good Standing
____	Corporate Print-Out	____	R.A., Off/Dir Search
____	Fictitious/Owner Search		

(X) Walk In ( ) Call if Problem ( ) Will Wait (X) Pick up 1/17 11:00 DATE/TIME

FOR PRENTICE HALL'S USE ONLY

BRANCH ORDERING: ATL BY: Ellen
BRANCH RECEIVING: Tally BY: MSa
REF/JOB # 070-95-03589
CLIENT MATTER # ____
SAME DAY ____ 24 HR ____ ROUTINE ____
VERBAL REQUESTED: YES OR NO
DATE SENT: 1/17/95 MAIL FAX ____ FED EXP.
FILED: __/__/__
SENT TO: BRANCH X CLIENT ____
SPECIAL INSTRUCTIONS: ____

CHECK #	____
ST./CTY/ FEES	____
CORR. FEE/ SPEC. HANDL.	20
MESSENGER	____
COPIES	____
FAX FEE	____
OTHER	____
TOTAL	____

White - SECRETARY OF STATE Blue - CLIENT SPECIALIST COPY Green - FILE Canary - ACCOUNTING

CERTIFICATE OF LIMITED PARTNERSHIP

OF

1. Niceville Surgery Center, Ltd.
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

95 JAN 17 PM 1:54

2. 2190 Hwy. 85 N., Niceville, FL 32578
(The Business Address of Limited Partnership)

3. The Prentice Hall Corporation System, Inc.
(Name of Registered Agent for Service of Process)

4. c/o The Prentice Hall Corporation System, Inc., 1201 Hays Street, Suite 105, Tallahassee, FL 32301
(Florida Street Address for Registered Agent)

5. Acceptance by the Registered Agent for Service of Process.

THE PRENTICE HALL CORPORATION SYSTEM, INC.

Marcia A. Havner
(Officer Must Sign on This Line)

Marcia A Havner - Assist. Secretary
(Type Name and Title of Officer)

6. 201 West Main Street, Louisville, KY 40202
(The Mailing Address of the Limited Partnership)

V:\LINDA\DOCUMENT\PARTNER\NICEVILLE.CER

7 The Last date upon which the Limited Partnership is to be dissolved December 31, 2050.

8. NAME OF GENERAL PARTNER

Surgicare of Niceville, Inc. 201 West Main Street
Louisville, KY 40202

P95000019481

Signed this 12th day of January, 1995.
Signature of all general partners:

Surgicare of Niceville, Inc.

By: Rachel A. Seifert
Vice President

FILED
SECRETARY OF STATE
95 JAN 17 PM 1:54

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, appeared the undersigned, constituting all of the general partners in **Niceville Surgery Center, Ltd.**, a Florida limited partnership (the "Partnership"), who after being duly sworn did certify as follows:

1. The amount of capital contributions to date of the limited partners in the Partnership is $1,000;

2. The total amount contributed and anticipated to be contributed by the limited partners in the Partnership at this time totals $1,000; and

3. The undersigned has read the foregoing and under penalties of perjury declares that the facts certified to are true, to the best of its knowledge and belief.

SUBSCRIBED AND SWORN TO this 12th day of January, 1995.

SURGIC E OF NICEVILLE, INC.

By _____
Rachel A. Seifert
Vice President

_____
Notary Public in and for Kentucky

My Commission Expires:
Notary Public, State at Large, KY
My Commission Expires July 13, 1998

V:\LINDA\DOCUMENT\PARTNER\NICEVILLE.AFF

A95000000090

CORPORATE ACCESS
1116 D THOMASVILLE RD
TALLAHASSEE, FL 32303
(904) 222-2666

(Requestor's Name) Klinda

(Address)

(City, State, Zip) (Phone #)

95 JUL 25 PM 12:

DIVISION OF CORPORATION

OFFICE USE ONLY

FILED STATE DIVISION OF CORPORATIONS
95 JUL 25 PM 1:58

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

1. Niceville Surgery Center, Ltd.
(Corporation Name) (Document #)
2. (Corporation Name) (Document #)
3. (Corporation Name) (Document #)
4. (Corporation Name) (Document #)

200001550802
08/01/95 01077-007
****105.00 ****105.00

☑ Walk in ☑ Pick up time 7-25 4:00 Klinda ☑ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

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

C. TAX
FILING 52.50
R. AGENT FEE
C. COPY 52.50
TOTAL 105.00
V. BANK
BALANCE DUE
REFUND

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

7/25/95

Examiner's Initials

CR2E031(10/92)

Document No. A95000000090

CERTIFICATE OF AMENDMENT

TO

CERTIFICATE OF LIMITED PARTNERSHIP

OF

NICEVILLE SURGERY CENTER, LTD.

FILED
95 JUL 25 PM 1:58
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

To the Secretary of State
State of Florida

The undersigned general partner of NICEVILLE SURGERY CENTER, LTD., a limited partnership formed under the laws of the State of Florida (the "limited partnership") does hereby certify that:

1. The name of the limited partnership is NICEVILLE SURGERY CENTER, LTD.

2. The date of filing of the certificate of limited partnership of the limited partnership is January 17, 1995.

3. The amendment to the certificate of limited partnership effected by the certificate of amendment is to delete Article "1." in its entirety and insert the following:

"1. Surgicare of West Palm Beach, Ltd.
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")"

Signed on July 17, 1995.

NICEVILLE SURGERY CENTER, LTD.
By: SURGICARE OF NICEVILLE, INC.,
its General Partner

By: _____
Rachel A. Seifert, Vice President

h:\...\document\art\nameching.lp

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 DEC -1 PM 4:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1a. DOCUMENT # A95000000090

1. Name of Limited Partnership: SURGICARE OF WEST PALM BEACH, LTD. 96 AR CM

Mailing Address: 201 WEST MAIN STREET, LOUISVILLE KY 40202

Principal Office Address: 2190 HWY. 65 N., NICEVILLE FL 32578

2. One Park Plaza
P.O. Box 570
City: Nashville TN 37202

2a. One Park Plaza
P.O. Box 570
City, State & Zip: Nashville TN 37202

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

3. Date Formed or Registered to Do Business in FLORIDA	3a. Date of Last Report	4. State or Country of Formation
01/17/1995		FL

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number	7. CERTIFICATE OF STATUS REQUIRED
$1,000.00		62-1600416	Applied For / Not Applicable — $5.75 Additional Fee required for a Certificate of Status

8. FEES: 1) Filing Fee: Computed at a rate of $7 per $1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of $52.50 and a maximum of $437.50
2) Supplemental Fee: $138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NOT LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75)
Note: If the amount in Section 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent:
THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301

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 620.102, 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 620.102, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (DO NOT Use a Post Office Box Number)	11b. City, State & Zip Code	11c. Registration/ Document Number
SURGICARE OF NICEVILLE, INC.	~~201 WEST MAIN STREET~~ One Park Plaza	~~LOUISVILLE KY 40202~~ Nashville, TN 37202	P95000001948

000016325230
37202/95--01003--002
****191.25 ****191.25

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)(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 effect as if made under oath; I further certify that I am a General Partner of the limited partnership, officer or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE R Miller Johnson DATE 10-20-95

Typed or Printed Name of General Partner Signing Form

Telephone Number (615) 327-9551

CR2E003 (6/95)

0010094