

CORPORATION INFORMATION  
SERVICES, INC.  
1201 HAYS STREET,  
TALLAHASSEE, FL 32301  
904 222 9171  
904 222 0191 FAX

**CSC networks**

Mail To  
P.O. Box 5020  
Tallahassee, FL 32314

**A95000000163**

800-142-8086

ACCOUNT NO. : 07100000001

REFERENCE : 513010 0117A

AUTHORIZATION :

COST LIMIT : 0 PREPAID

ORDER DATE : January 31, 1995

ORDER TIME : 10:10 AM

ORDER NO. : 503019

CUSTOMER NO: 6517A

CUSTOMER: Mary Fendle, Legal Assistant  
DEAN MEAD EGBERTON BLOODWORTH  
CAPOUANO & BOZARTH, P.A.  
Post Office Box 2346

Orlando, FL 32802 2346

DOMESTIC FILING

NAME: WEST ORLANDO SURGERY CENTER,  
LTD.

ARTICLES OF INCORPORATION  
XXXXXX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XXXXXX PLAIN TEXTED COPY  
INITIALS OF LONG TANDEN

CONTACT PERSON: [illegible]

EXAMINER'S INITIALS:

FILED STATE  
DIVISION OF CORPORATIONS  
95 JAN 31 PM 2:03

5000001398245  
02/06/95--01050--005  
\*\*\*\*175.00 \*\*\*\*87.50

RECEIVED  
95 JAN 31 AM 11:30  
DIVISION OF CORPORATIONS

File 3rd

C. TAX	
FILING	52.50
A. AGENT FEE	35.00
C. COPY	
TOTAL	87.50
N. BANK	
BALANCE DUE	
RECEIVED	

1/31/95

1315

CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
WEST ORLANDO SURGERY CENTER, LTD.

SECRET  
FILED  
95 JAN 31 PM 3:04  
CLERK OF DISTRICT COURT  
ORLANDO, FLORIDA

The undersigned General Partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act, Sections 620.101 through 620.186, Florida Statutes, hereby states the following:

1. The name of the Partnership is "WEST ORLANDO SURGERY CENTER, LTD."

2. The address of the office of the Partnership as referred to in Section 620.105, Florida Statutes, is 18500 Highway 441, Mount Dora, Florida 32757.

3. The name of the agent for service of process on the Partnership shall be Alan H. Daniels, 800 North Magnolia Avenue, Suite 1500, Orlando, Florida 32803.

4. The name and business address of the General Partner are:

<u>Name</u>	<u>Address</u>
Ambulatory Surgery Development Company	18500 Highway 441 Mount Dora, Florida 32757

5. The mailing address for the Partnership is 18500 Highway 441, Mount Dora, Florida 32757.

6. The latest date upon which the Partnership shall dissolve is December 31, 2050.

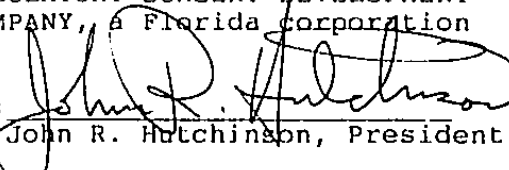
7. A conveyance or encumbrance of real property or any interest therein held in the name of the Partnership, and any other instrument affecting title to real property in which the Partnership has an interest, shall be executed in the Partnership name by the General Partner.

This Certificate of Limited Partnership was executed by the General Partner this 30th day of January, 1995.

GENERAL PARTNER

AMBULATORY SURGERY DEVELOPMENT  
COMPANY, a Florida corporation

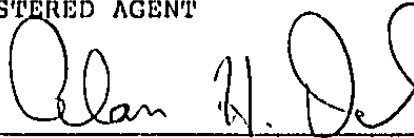
By:

  
John R. Hutchinson, President

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for the above-named Partnership, at the place designated in the foregoing Certificate of Limited Partnership, I heroby accept such appointment and agree to act in such capacity, and I further agree to comply with provisions of all statutes relevant to the proper and complete performance of the duties of a registered agent. I am familiar with, and accept the duties and obligations of, Section 620.192 of the Florida Statutes.

REGISTERED AGENT



Alan H. Daniels

Date: January 30, 1995

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JAN 31 PM 2:04

STATE OF FLORIDA

COUNTY OF ORANGE

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared John R. Hutchinson, President of Ambulatory Surgery Development Company, the solo general partner of WEST ORLANDO SURGERY CENTER, LTD., a Florida limited partnership (the "Partnership"), of Orange County, Florida, who upon being duly sworn, certified as follows:

1. The amount of the capital contributions to the Partnership made by the limited partners is \$100.00.
2. The amount of additional capital contributions anticipated to be contributed by the limited partners is \$ -0-.

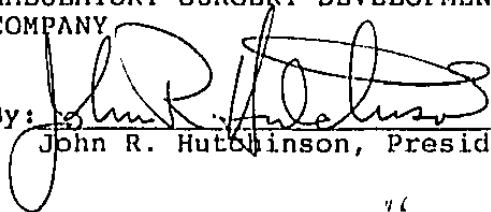
FURTHER AFFIANT SAYETH NOT.

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

GENERAL PARTNER


AMBULATORY SURGERY DEVELOPMENT  
COMPANY

Date: January 30, 1995

By:   
John R. Hutchinson, President

Sworn to and subscribed before me this 30<sup>th</sup> day of January, 1995, by John R. Hutchinson, President of Ambulatory Surgery Development Company, as General Partner on behalf of WEST ORLANDO SURGERY CENTER, LTD., a Florida limited partnership. He (check one) ☐ is personally known to me, ☐ produced a driver's license (issued by a state of the United States within the last five (5) years) as identification, or ☐ produced other identification, to wit: \_\_\_\_\_

MARIE A. PERKINS-PRINCE  
Notary Public, State of Florida  
My Comm. Expires Nov. 4, 1998  
Comm. No. 10401749

  
Print Name: Marie A. Perkins-Prince  
Notary Public - State of Florida  
Commission No.: 10401749  
My Commission Expires: 11/04/98

FILED STATE  
DIVISION OF CORPORATIONS  
95 JAN 31 PM 2:04