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TALLAHASSEE, FL 32304
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DIVISION OF CORPORATION

A95000000789

ACCOUNT NO. : 072100000032

REFERENCE : 603542 0001A

AUTHORIZATION :

COST LIMIT : 9 PPD

ORDER DATE : May 23, 1995

ORDER TIME : 10:27 AM

ORDER NO. : 603542

CUSTOMER NO: 0001A

CUSTOMER: J. Andrew Hagan, Esq
COBB COLE & BELL

P. O. Box 2491

Daytona Beach, FL 32115-2491

G. TAX _____
FILING 52.50
P. AGENT FEE 25.00
COPY 52.50
M 140.00
ANK _____
ANCE DUE _____
HND _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 23 PM 1:24

R95000000297

DOMESTIC FILING

600001458876
-05/25/95 -01010--012
****140.00 ****140.00

NAME: ORMOND BEACH SURGERY CENTER,
LTD.

ARTICLES OF INCORPORATION
XXXX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXXX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sebrina Randolph

EXAMINER'S INITIALS:

5/23/95
R/L

CERTIFICATE OF LIMITED PARTNERSHIP

**ORMOND BEACH SURGERY CENTER, LTD.
a Florida Limited Partnership**

The undersigned General Partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act (1986), hereby states:

1. The name of the Limited Partnership is: Ormond Beach Surgery Center, Ltd.
2. The address of the office of the Limited Partnership and the name and address of the agent for service of process (whose consent to appointment is set forth below) are as follows:

Address of the office of the Limited Partnership:

875 Sterthaus Drive
Ormond Beach, Florida 32174

Agent for service of process:

Memorial Surgery Centers, Inc.
875 Sterthaus Drive
Ormond Beach, Florida 32174

3. The name and business address of every General Partner is as follows:

Memorial Surgery Centers, Inc.
875 Sterthaus Drive
Ormond Beach, Florida 32174

4. The Limited Partnership's mailing address is:

875 Sterthaus Drive
Ormond Beach, Florida 32174

5. The latest date upon which the limited partnership is to dissolve is December 31, 2010.

The execution of this certificate by the General Partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 23 PM 1:24

W94000004977

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed on behalf of the sole General Partner of Ormond Beach Surgery Center, Ltd. this 12 day of May, 1995.

General Partner

MEMORIAL SURGERY CENTERS, INC.,
a Florida corporation

By: David Raines
David Raines, Vice President

STATE OF FLORIDA
COUNTY OF VOLUSIA

The foregoing Certificate of Limited Partnership was acknowledged before me this 12 day of May, 1995, by David Raines, as Vice President of Memorial Surgery Centers, Inc., a Florida corporation. He is personally known to me or has produced 1 as identification.

NOTARY PUBLIC:

Sign: Steven C. Zumwalde
Print: Steven C. Zumwalde
State of Florida At Large
(Seal)

My Commission Expires:

Title/Rank: _____
Serial Number: _____

STEVEN C. ZUMWALDE
COMMISSION # CC-415359
EXPIRES MAR 15, 1999
BONDED THRU
ATLANTIC BONDING CO., INC.

ACCEPTANCE OF DESIGNATION AS AGENT FOR SERVICE OF PROCESS

The undersigned, a Florida corporation, hereby accepts the designation by the above named Limited Partnership as its Agent for Service of Process in accordance with Florida Statutes §620.105 as of the 12 day of May, 1995.

MEMORIAL SURGERY CENTERS, INC.,
a Florida corporation

By: David Raines
David Raines, Vice President

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

ORMOND BEACH SURGERY CENTER, LTD.
a Florida Limited Partnership

STATE OF FLORIDA
COUNTY OF VOLUSIA

BEFORE ME, the undersigned authority, personally appeared David Raines as Vice President of Memorial Surgery Centers, Inc., a Florida corporation and the sole general partner of Ormond Beach Surgery Center, Ltd. (the "Partnership"), who upon being duly sworn, certified as follows:

1. The Partnership has not received any contributions from limited partners to date.
2. At this time, it is anticipated that the limited partners will contribute, in the aggregate, contributions totalling \$1,000.00.

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

MEMORIAL SURGERY CENTERS, INC.,
a Florida corporation

By: David Raines
David Raines, Vice President

The foregoing Affidavit of Capital Contributions was acknowledged before me this 19 day of May, 1995, by David Raines as Vice President of Memorial Surgery Centers, Inc., a Florida corporation, on behalf of the corporation. He is personally known to me or has produced _____ as identification.

NOTARY PUBLIC:

Sign: Steven C. Zumwalde
Print: Steven C. Zumwalde

State of Florida At Large

(Seal)

My Commission Expires:

Title/Rank: _____
Serial Number: _____

STEVEN C. ZUMWALDE
COMMISSION # CC 445359
EXPIRES MAR 15, 1999
BONDED 10000
ATLANTIC BONDING CO., INC.