

# A95000001442

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 FEB 15 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BK

DOCUMENT # A95000001442

1. Name of Limited Partnership

2000 Orange Ave., Ltd.

9/28/2001

2. Principal Office Address

4300 Catalfumo Way

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

Zip

33410

Country

3. Mailing Office Address

4300 Catalfumo Way

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

Zip

33410

Country

4. Date Formed or Registered  
To Do Business in Florida

9/25/95

5. FEI Number

593364491

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7a. Capital Contributions as shown on Record:

\$1,500,000

7b. Amount of Capital Contributions in FLORIDA to date:

\$1,500,000

FEES:

- 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
- 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
- 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.

Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

8. Name and Address of Current Registered Agent

Name

NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

526 East Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

9. Pursuant to the provisions of sections 620.1051 and 620.192, 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 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

10. Name(s) of General Partner(s)

Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

City, State and Zip Code

10a. Registration  
Document Number

Orange One, Inc.

4300 Catalfumo Way

PBG, FL 33410

P95000071905

Orlando Surgery Center

Real Estate Partnership, Ltd. 3401 West End Ave.  
Suite 120

Nashville, TN 37203 A93000000915

100004961831--6  
-02/20/02--01071--008  
\*\*\*2061.25 \*\*\*2061.25

REINSTATEMENT 2001-2002

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. 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 effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

Orange One, Inc.

SIGNATURE

DATE

2/14/02

Typed or Printed Name of General Partner Signing Form

Telephone Number