

A9500001442

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 FEB 15 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # A9500001442

1. Name of Limited Partnership
2000 Orange Ave., Ltd.

9/28/2001

BK

2. Principal Office Address
4300 Catalfumo Way

3. Mailing Office Address
4300 Catalfumo Way

4. Date Formed or Registered
To Do Business in Florida 9/25/95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number
593364491

Applied For
Not Applicable

City & State
Palm Beach Gardens, FL

City & State
Palm Beach Gardens, FL

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

Zip
33410

Country

Zip
33410

Country

7a. Capital Contributions as shown on Record:
\$1,500,000

7b. Amount of Capital Contributions in FLORIDA to date:
\$1,500,000

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

FEES:

- 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.
 - Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
 - 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.

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

Adm - 1000.00
 AR 875.00
 ARSVP 177.50
 CERT 8.75
 \$2061.25

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.

SIGNATURE _____ Orange One, Inc.

DATE 2/14/02

Typed or Printed Name of General Partner Signing Form

Telephone Number

CR2E039 (9/01)