

1200 HAYS STREET  
TALLAHASSEE, FL 32301-2607  
904-222-9071  
904-222-9072 FAX

800-142-8086



PREFERRED  
LEGAL & FINANCIAL SERVICES ACCOUNT NO. : 073100000032

REFERENCE : 970480 7107213

AUTHORIZATION :

COST LIMIT : \$ PREPAID

ORDER DATE : May 30, 1996

ORDER TIME : 10:50 AM

ORDER NO. : 970480

CUSTOMER NO: 7107213

CUSTOMER: Jean Dempsey, Legal Asst  
THOMPSON ADAMS & HOFFMAN, P.A.

Suite 300  
One Independent Drive  
Jacksonville, FL 32202

G. TAX \_\_\_\_\_  
FILING \_\_\_\_\_ 1752.00  
R. AGENT FEE \_\_\_\_\_ 35.00  
C. COPY \_\_\_\_\_  
TOTAL \_\_\_\_\_ 1787.00  
N. BANK \_\_\_\_\_  
BALANCE DUE \_\_\_\_\_  
FEEING \_\_\_\_\_

DOMESTIC FILING

NAME: ST. AUGUSTINE SURGERY CENTER,  
LTD.

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Victoria L. Perez

EXAMINER'S INITIALS: \_\_\_\_\_

FILED - STATE  
SECRETARY OF CORPORATIONS  
MAY 30 PM 2:13

RECEIVED  
MAY 30 1996  
TALLAHASSEE, FL

NR

RECEIVED  
MAY 30 AM 11:39  
DIVISION OF CORPORATION

5/30/96

CERTIFICATE OF LIMITED PARTNERSHIP  
OF ST. AUGUSTINE SURGERY CENTER, LTD.

The undersigned, desiring to form a limited partnership under the Florida Revised Uniform Limited Partnership Act (1986) hereby certifies:

1. The name of the limited partnership is St. Augustine Surgery Center, Ltd. (the "Partnership").
2. The location of the principal place of business of the Partnership is 4651 Salisbury Road, Suite 155, Jacksonville, Florida 32256, or at such other place as the general partner may designate.
3. The street address of the registered office of the Partnership is 4651 Salisbury Road, Suite 155, Jacksonville, Florida 32256, and the name of the registered agent of the Partnership at that address is Brett J. Lewis.
4. The name and business address of the sole general partner of the Partnership is St. Augustine Surgery Center, Inc., 4651 Salisbury Road, Suite 155, Jacksonville, Florida 32256.
5. The mailing address of the Partnership is 4651 Salisbury Road, Suite 155, Jacksonville, Florida 32256.
6. The term of the Partnership shall commence on the date of filing hereof and shall continue until June 30, 2020.

IN WITNESS WHEREOF, the undersigned does solemnly swear that the foregoing statements are true and correct as of this 16th day of May, 1996.

GENERAL PARTNER:

ST. AUGUSTINE SURGERY CENTER, INC.

Print Name: Carol A. Murphy

Print Name: William L. Thompson, Jr.

By: Brett J. Lewis

Brett J. Lewis, President

STATE OF FLORIDA  
COUNTY OF DUVAL

The foregoing instrument was acknowledged before me this 29th day of May, 1996, by Brett J. Lewis, as President of St. Augustine Surgery Center, Inc., a Florida corporation on behalf of the corporation, as general partner of St. Augustine Surgery Center, Ltd., who is personally known to me or has produced \_\_\_\_\_ as identification.



ILANI DEMPSEY  
Comm. No. CF 527123  
My Comm. Exp. Mar. 31, 2000  
Bonded thru Richard Ins. Agcy.  
(SEAL)

*Ilani Dempsey*  
Print Name: Ilani Dempsey  
Notary Public, State of Florida  
My Commission expires: 3-31-00  
Commission Number: CC-527123

RECEIVED  
SECRETARY OF STATE  
MAY 30 PM 2:13

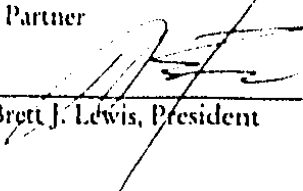
**CERTIFICATE DESIGNATING REGISTERED OFFICE AND  
REGISTERED AGENT FOR THE SERVICE OF PROCESS WITHIN FLORIDA**

In compliance with Florida Statutes §48.061 and §620.105, the following is submitted:

St. Augustine Surgery Center, Ltd., desiring to organize under the laws of the State of Florida hereby designates Brett J. Lewis as its registered agent to accept service of process within the State of Florida and the address of its registered office shall be 4651 Salisbury Road, Suite 255, Jacksonville, FL 32256.

ST. AUGUSTINE SURGERY CENTER, LTD.

By: ST. AUGUSTINE SURGERY CENTER, INC.  
General Partner

By:   
Brett J. Lewis, President

Dated: May 16, 1996

Having been named to accept service of process for the above-named limited partnership at the place designated in this Certificate, the undersigned hereby agrees to act in this capacity and further agrees to comply with the provisions of the Florida Revised Uniform Limited Partnership Act (1986) relative to the keeping of said office and the proper and complete performance of his duties.

  
Brett J. Lewis

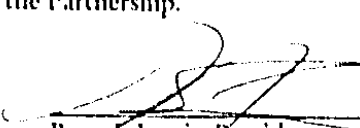
Dated: May 16, 1996

STATE OF FLORIDA  
COUNTY OF DUVAL

AFFIDAVIT OF CAPITAL CONTRIBUTIONS  
OF ST. AUGUSTINE SURGERY CENTER, LTD.

Before me, the undersigned authority, personally appeared Brett J. Lewis, President of St. Augustine Surgery Center, Inc., the general partner of St. Augustine Surgery Center, Ltd. (the "Partnership"), who being by me first duly sworn, deposes and says:

1. That St. Augustine Surgery Center, Inc. is the sole general partner of the Partnership.
2. The limited partners have made capital contributions to the Partnership in the amount of \$180,000.00 as of the date hereof.
3. It is anticipated that the limited partners may contribute up to an additional \$120,000.00 of capital to the Partnership.


  
Brett J. Lewis, President  
St. Augustine Surgery Center, Inc.

STATE OF FLORIDA  
COUNTY OF DUVAL

Sworn to and subscribed before me this 29th day of May, 1996, by Brett J. Lewis, as President of St. Augustine Surgery Center, Inc..



JEANE DEMPSEY  
Comm. No. CC 527123  
My Comm. Exp. Mar. 31, 2000  
By Richard Ins. Agcy.  
(SEAL)

  
Print: Jeane Dempsey  
Notary Public, State of Florida  
My Commission expires: 3-31-00  
Commission No.: CC-527123

Personally Known X  
Produced Identification \_\_\_\_\_  
Type: \_\_\_\_\_

ST. AUGUSTINE SURGERY CENTER, LTD.