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WILLIAM J. HARBISON (1985-1986)
THOMAS J. BERNARD (1987-1988)
JOHN H. RICE, JR.
JOHN R. VOIGHT
DONALD J. N. MCKENZIE
MICHAEL D. RAPLAN
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ANDREW J. PULLIAM
CARLA L. LOVELL
J. SCOTT HICKMAN
JENNIFER H. PURYEAR

June 17, 1996

Florida Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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RE: Surgical Associates of Oviedo, Limited Partnership CM

Dear Sir or Madam:

I am enclosing the original Certificate of Limited Partnership for the above referenced entity along with a check in the amount of \$1,837.50 for filing fees which represents \$1,750.00 for the filing fee, \$35.00 for the registered agent designation, and \$52.50 for a certified copy. Please file this document and return a certified copy to me along with a receipt for the fees at your earliest convenience. Do not hesitate to contact me if you have any questions.

Sincerely,

Sherrie L. Goins

Sherrie L. Goins
Legal Assistant

Enclosure

cc: Mary B. Falls

FILED
95 JUL 16 PM 3:41
TALLAHASSEE, FLORIDA

**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
SURGICAL ASSOCIATES OF OVIEDO, LIMITED PARTNERSHIP**

Pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act, as amended, the undersigned General Partner does hereby state as follows:

1. The name of the Limited Partnership is SURGICAL ASSOCIATES OF OVIEDO, LIMITED PARTNERSHIP.
2. The complete address of the initial registered office of the Limited Partnership in the State of Florida and the name of its initial Registered Agent are:

J. Michael Rowe, President
c/o Orlando Regional Health Network, Inc.
4401 South Orange Ave., Suite 113
Orlando, Florida 32806

3. The complete address of the principal office of the Limited Partnership:
(Mailing address name)
1000 West Broadway Street
Oviedo, Florida 32765

4. The name and address of the General Partner is:

Orlando Regional Health Network, Inc.
4401 South Orange Ave., Suite 113
Orlando, Florida 32806

5. The latest date upon which the limited partnership is to dissolve is December 31, 2046.
6. This document is to be effective upon filing by the Florida Secretary of State.
7. An affidavit declaring the amount of the General Partner's capital contribution and the amount estimated to be contributed by the limited partners is attached hereto as Exhibit A.

IN WITNESS WHEREOF, the undersigned has executed this instrument to be effective as of the date filed.

GENERAL PARTNER: AND REGISTERED AGENT

ORLANDO REGIONAL HEALTH NETWORK,
INC

By:

J. Michael Rowe

Its:

President / CEO

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned, the duly authorized President of Orlando Regional Health Network, Inc., the General Partner of Surgical Associates of Oviedo, Limited Partnership, a Florida limited partnership (the "Partnership"), does hereby certify and state to the Florida Secretary of State, as follows:

1. General Partner's capital contribution to the Partnership: \$187,000
2. Estimated aggregate capital contributions of Limited Partners to the Partnership: \$600,000

IN WITNESS WHEREOF, the undersigned has executed this Affidavit as of the 28 day of May, 1996.

PARTNERSHIP:
SURGICAL ASSOCIATES OF OVIEDO,
LIMITED PARTNERSHIP
By: ORLANDO REGIONAL HEALTH
NETWORK, INC., General Partner

J. Michael Rowe
J. Michael Rowe, President

STATE OF FLORIDA)
COUNTY OF Orange)

Before me, TAMMY L. DUHON, a Notary Public in and for the County and State aforesaid, personally appeared J. Michael Rowe with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who, upon oath, acknowledged himself to be President of Orlando Regional Health Network, Inc., the within named bargainor, a corporation, and that he as such President, being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself as President.

Witness my hand and seal at office in Orlando, Florida, this 28 day of May, 1996.

Tammy L. Duhon
Notary Public

My Commission Expires:

November 7, 1999

