

# A96000002102

STRAWN, MONAGHAN & COHEN, P.A.  
ATTORNEYS AND COUNSELORS  
54 NORTHEAST FOURTH AVENUE  
DELRAY BEACH, FLORIDA 33483

JOEL T. STRAWN  
TIMOTHY E. MONAGHAN  
JEFFREY L. COHEN

ELIZABETH L. STRAWN

TELEPHONE (561) 378-9400  
TELECOPIER (561) 378-9462

In Broward County:  
Broward County Medical Association Building  
5101 N.W. 21st Avenue, Suite 440  
Ft. Lauderdale, Florida 33309  
(954) 484-0016

October 31, 1996

Secretary of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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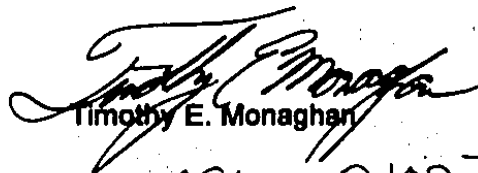
Re: Coral View Surgical Center, Ltd.

Gentlemen/Ladies:

500002007655--S  
-11/19/96--01051--001  
\*\*\*1837.50 \*\*\*1837.50

Enclosed is the original Certificate of Limited Partnership for Coral View Surgical Center, Ltd., a Limited Partnership for filing with the Secretary of State, State of Florida. Also enclosed is check in the amount of \$1,837.50 representing the filing fee. I have enclosed a self-addressed, stamped envelope for your convenience in providing a certified copy of the partnership.

Sincerely,

  
Timothy E. Monaghan

TEM/sjm

Enclosures

cc: Victor Suarez, M.D. (w/o enc)

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October 31, 1996

A96-2102

Name	AL-11-18
Availability	
Document Examiner	AL
Updater	AL
Updater Verifier	AL
Acknowledgment	AL
W. P. Verifier	AL



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

November 7, 1996

**CORAL VIEW SURGICAL CENTER LTD.**  
**54 N.E. 4TH AVENUE**  
**DELRAY BEACH, FL 33483**

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We have received your document for **CORAL VIEW SURGICAL CENTER LTD.** and your check(s) totaling \$1837.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Pursuant to section 620.108, Florida Statutes, an affidavit declaring the amount of the capital contributions of the limited partners and the amount anticipated to be contributed by the limited partners must accompany the certificate of limited partnership. The affidavit must be signed by all general partners.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6020.

**Tammi Cline**  
Document Specialist

Letter Number: 996A00051102

**STRAWN, MONAGHAN & COHEN, P.A.**

ATTORNEYS AND COUNSELORS  
54 NORTHEAST FOURTH AVENUE  
MIRRAY BEACH, FLORIDA 33483

JOEL T. STRAWN  
TIMOTHY H. MONAGHAN  
JEFFREY L. COHEN

TELEPHONE (361) 278-9400  
TELECOPIER (361) 278-9402

In Broward County:  
Broward County Medical Association Building  
5101 N.W. 21st Avenue, Suite 440  
Ft. Lauderdale, Florida 33309  
(954) 484-0016

ELIZABETH L. STRAWN

November 15, 1996

Tammi Cline  
Document Specialist  
Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

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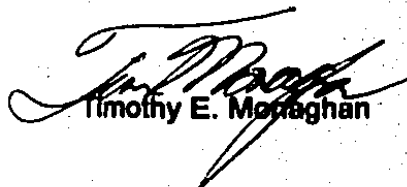
Re: Coral View Surgery Center, Ltd.  
Letter No. 996A00051102

Dear Tammi:

In accordance with your letter dated November 7, 1996, enclosed are your letter number 996A00051102 and Certificate of Limited Partnership with Acceptance of Appointment as Registered Agent and Affidavit of Capital Contributors attached.

Trusting the foregoing is satisfactory, thank you for your attention to this matter.

Sincerely,

  
Timothy E. Monaghan

TEM/sjm

Enclosures

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November 15, 1996

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**CERTIFICATE OF LIMITED PARTNERSHIP**

**CORAL VIEW SURGERY CENTER, LTD., LIMITED PARTNERSHIP**

WHEREAS, the undersigned hereby makes, acknowledge, duly executes and files with the Department of State of the State of Florida this Certificate of Limited Partnership pursuant to Section 620.108 of the Florida Revised Uniform Limited Partnership Act (the "Act").

NOW, THEREFORE, the undersigned hereby certifies as follows:

A. **Name of Partnership:** The name of the Limited Partnership shall be "Coral View Surgery Center, Ltd. (the "Partnership").

B. **Office and Agent for Service of Process:** The record keeping office for the Partnership shall be 8390 West Flagler Street, Suite 216, Miami, FL 33144. The name and address of the agent for service of process shall be Timothy E. Monaghan, Esq., Strawn, Monaghan & Cohen, P.A., 54 NE Fourth Avenue, Delray Beach, FL 33483. The Partnership may change its record keeping office or its registered agent, or both, by filing with the Florida Department of State an amendment complying with Section 620.109 of the Act.

C. **Name and Business Address of General Partner:** The name and business address of the General Partner is as follows:

Coral View Ambulatory Surgery, Inc.  
8390 West Flagler Street  
Suite 216  
Miami, FL 33144

698330

D. **Mailing Address:** The mailing address for the Partnership shall be:

8390 West Flagler Street  
Suite 216  
Miami, FL 33144

E. **Term:** The term of this Limited Partnership shall commence on the date upon which the Certificate of Limited Partnership was duly filed with the Department of State of the State of Florida and shall continue thereafter until January 1, 2040, unless dissolved or terminated prior thereto in accordance with the terms provided in the Limited Partnership Agreement.

IN WITNESS WHEREOF, the undersigned, being first duly sworn, has hereto affixed his signature and seal, thereby executing this Certificate of Limited Partnership for the uses and purposes herein stated.

Coral View Surgery Center, Ltd.,  
A Florida Limited Partnership

By: *Victor Suarez*

Victor Suarez, as President of  
Coral View Ambulatory Surgery, Inc.

STATE OF FLORIDA     )  
                                  )ss:  
COUNTY OF DADE     )

I HEREBY CERTIFY that on this day before me, an officer duly qualified to take acknowledgments, personally appeared Victor Suarez, the President of Coral View Ambulatory Surgery, Inc., a Florida corporation, who is personally known to me or who has produced a driver's license as identification and who did not take an oath.

16 WITNESS my hand and official seal in the County and State last aforesaid this day of October, 1996.

*Jessica Theodorides*  
Notary Public, State of Florida

Jessica Theodorides  
Print Name of Notary

My Commission expires:



JESSICA THEODORIDES  
My Commission 00829616  
Expires Feb. 01, 2000

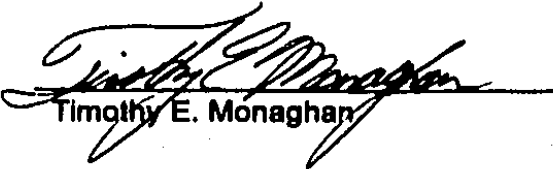
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October 14, 1996

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DIVISION OF CORPORATIONS  
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### ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for **CORAL VIEW SURGERY CENTER, LTD.**, a Florida limited partnership (the "Limited Partnership") in the foregoing Certificate of Limited Partnership, the undersigned, on behalf of the Limited Partnership, hereby agree to accept service of process for the Limited Partnership and to comply with any and all statutes relative to the complete and proper performance of the duties of registered agent.

October 16, 1996

  
Timothy E. Monaghan

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DIVISION OF CORPORATIONS  
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**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

STATE OF FLORIDA                    )  
  ) SS:  
COUNTY OF DADE                    )

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DIVISION OF CORPORATIONS  
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The undersigned, Victor Suarez, M.D., as President of CORAL VIEW AMBULATORY SURGERY, INC., being first duly sworn, certifies as follows:


1. The undersigned corporation is the sole general partner of **CORAL VIEW SURGERY CENTER, LTD.**, a Florida limited partnership, hereinafter referred to as the "Limited Partnership."
2. The amount of capital contributions to the Limited Partnership made by the Limited Partners is: \$160,367.00.
3. The amount of capital contribution anticipated to be contributed by the Limited Partners (in excess of the amount set forth in 2 above) is: \$-0-.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury the undersigned declares that he has read the foregoing and the facts alleged are true, to the best of his knowledge and belief.

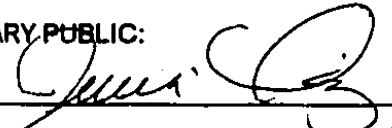
General Partner

CORAL VIEW AMBULATORY SURGERY, INC., a  
Florida corporation

By:   
Victor Suarez, M.D., as President

SWORN TO AND SUBSCRIBED before me this 14 day of November, 1996, by Victor Suarez, M.D., as President of CORAL VIEW AMBULATORY SURGERY, INC., who is personally known to me or who has produced driver's license as identification.

NOTARY PUBLIC:

Sign:   
Print: Jessica Theodorides



JESSICA THEODORIDES  
My Commission CC529816  
Expires Feb. 01, 2000

My Commission Expires:

**A 96000002102**

STATE OF FLORIDA  
OFFICE OF THE COMPTROLLER  
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, in part, applies for a refund. In this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred. The 3 years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section \_\_\_\_\_, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: Coral View Surgery Center EIN or SS#: 59-2116732

Address: 8390 West Flagler Street, Suite 216  
Miami, FL 33144

Amount: \$627.44 Date Paid November 7, 1996

Reason for claim: Overpayment on new limited partnership filing.

TC/Registration Section

Name: CORAL VIEW SURGERY CENTER, LTD. Document Number A96000002102

Certified true and correct this 25th day of November, 19 96.

Signature: [Signature]

\* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only	
Agency recommends approval of above claim and submits the following information to substantiate the claim:	Amount of recommended refund \$ <u>627.44</u>
The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on State Treasurer's Receipt No. <u>01051-001</u> dated <u>11/19/96</u>	
Name of Account	<u>45202130001453000000000010000</u>
Statutory Authority for Collection	<u>620.0182</u>
It is requested that payment be made from the following account:	
NAME OF ACCOUNT	<u>452021300014530000000022002000</u>
Certified true and correct this _____ day of _____, 19 _____	
Department of State, Division of Corporations	(Agency)
	(Authorized Signature and Title)