

APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 APR 21 PM 2:50

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**
DO NOT WRITE IN THIS SPACE.

DOCUMENT # A97000001444

1. Name of Limited Partnership
Florida Hospital Waterman Ambulatory Surgery Center,
LTD.

2. Mailing Address
1110 Waterman Way

Suite, Apt. #, etc.

City & State
TAVARES FL

Zip 32778 **Country** USA

3. Principal Office Address
1110 WATERMAN Way

Suite, Apt. #, etc.

City & State
TAVARES, FL

Zip 32778 **Country** USA

**4. Date Formed or Registered
To Do Business in Florida** 06/26/1997

5. FEI Number
59-3454624

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$75 Additional Fee required
for a Certificate of Status.

7. State or Country of Formation FL

**8a. Capital Contributions as Shown
on Record** \$800,000.00

**8b. Amount of Capital Contributions in
FLORIDA to date**
\$ 800,000.00

FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
2.) Supplemental Fee(s): \$68.75 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 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent

Pettijohn, Kelly
c/o Florida Hospital Waterman Ambulatory
1 West Park Ave.
Eustis, FL 32726

10. If changed, new registered agent/office

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

10a. 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.**

11. Names of General Partner(s)

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

City, State and Zip Code

**11a. Registration
Document Number**

Florida Hospital Waterman Amb

1 West Park Ave

Eustis, FL 32726

G96361000028

400002503044--2
-04/28/98-01073-007
***1026.25 ***1026.25

REINSTATEMENT

98
dec

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

12. 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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

Mary Ellen LaPierre

DATE

4-20-98

Typed or Printed Name of General Partner Signing Form

Mary Ellen LaPierre

Telephone Number

352-742-8610

CR2E039 (12/97)