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APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN -7 PM 5:00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

DOCUMENT # **A97000002786**

1. Name of Limited Partnership

SUPRIOR ASSOCIATES OF NORTH BROWARD, L.P.

2. Mailing Address

4800 N. FEDERAL HWY.

Suite, Apt. #, etc.

SUITE 101-E

City & State

Boca Raton, FL

Zip

33431

Country

USA

3. Principal Office Address

7785 N. STATE RD. 7

Suite, Apt. #, etc.

City & State

LAUDERDALE LAKES, FL

Zip

33319

Country

USA

4. Date Formed or Registered
To Do Business in Florida

Dec. 15, 1997

5. FEI Number

62-1721604

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **YES**

\$8.75 Additional Fee required
for a Certificate of Status

7. State or Country of Formation

FLORIDA, USA

8a. Capital Contributions as Shown
on Record

\$250,000

8b. Amount of Capital Contributions in
FLORIDA to date

\$200,000

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) \$88.75 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

10. If changed, new registered agent/office

BETH A. LANDEL
4800 NORTH FEDERAL HIGHWAY, SUITE 101-E
BOCA RATON, FL 33431

Name

N/A

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)

[Signature]

DATE **4-26-99**

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

BNJ OF NORTH BROWARD, INC.

4800 NORTH FEDERAL HIGHWAY

Boca Raton, FL 33431

9700005841

600002902766--5
-06/14/99-01004--007
******526.25 ****526.25**

CR2E039 (12/98)

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

[Signature]

DATE

4-26-99

Typed or Printed Name of General Partner Signing Form

BNJ OF NORTH BROWARD, INC.

Telephone Number

561-291-1311

By: BETH A. LANDEL, PRESIDENT



SURGERY CENTER
OF FORT LAUDERDALE

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FILED

00 JUN -7 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 4, 1999

Tammi Cline
Document Specialist
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Surgical Associates of North Broward, Limited Partnership; Ref. Number: A97000002786

Dear Ms. Cline:

Pursuant to our discussion today and in response to your correspondence of May 7, 1999, please find the following enclosures for Surgical Associates of North Broward, Limited Partnership:

- ◆ 1998 Annual Report/Application for Limited Partnership Reinstatement
- ◆ Check for \$526.25 filing
- ◆ Copy of your May 7, 1999 correspondence

By way of further explanation, we did not receive the original paperwork notifying us of the annual reporting requirement associated with our certificate of authority. However, we did receive a notice from the Division of Corporations dated April 21st, 1999 notifying us of the revocation of our certificate of authority. In turn, we contacted your offices and followed directions received from representatives with the Registration Section of the Division of Corporations. We were also told that penalty fees would be waived.

Our intent with this correspondence and the various enclosures is to both provide you a historical overview on this matter and to comply with the filing requirement as if we had received your original notice and replied in a timely manner. We also request that the \$500 fine be waived in light of the aforementioned. A registered agent, Beth A. Landel, is also believed to have been designated; hence, we have not included an additional \$35 as part of our filing fee.

Thank you for your assistance with this matter. Should you have any questions or need further information, please feel free to contact me at 954/735-0096.

Sincerely,

A handwritten signature in cursive script, reading 'Varlene M. Hamilton'.

Varlene M. Hamilton
Administrator
Surgical Associates of North Broward, Limited Partnership