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ACCOUNT NO. : 072100000032

REFERENCE : 754486 4343687

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : March 25, 1998

ORDER TIME : 10:44 AM

ORDER NO. : 754486-005

CUSTOMER NO: 4343687

CUSTOMER: Alan S. Gassman, Esq
GASSMAN & CONETTA, P.A.

Suite 102
1245 Court Street
Clearwater, FL 33756

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-03/25/98--01041--024
*****87.50 *****87.50

DOMESTIC FILING

NAME: MEADOW LANES SURGERY CENTER
LIMITED PARTNERSHIP

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: Christopher Smith

EXAMINER'S

A98-777

Name	Al38
Availability	
Document	
Examiner	
Updater	
Updater	
Verifier	
Acknowledgement	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 MAR 25 PM 3:58

RECEIVED
98 MAR 25 AM 11:23
DIVISION OF CORPORATIONS

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**CERTIFICATE OF LIMITED PARTNERSHIP OF
MEADOW LANES SURGERY CENTER LIMITED PARTNERSHIP**

THE UNDERSIGNED, desiring to form a Limited Partnership under the Florida Revised Uniform Limited Partnership Act, hereby certify as follows:

FIRST: The name of the Limited Partnership is MEADOW LANES SURGERY CENTER LIMITED PARTNERSHIP

SECOND: The address of the office of the Partnership where the records will be maintained is 5652 Meadow Lane, New Port Richey, FL 34652

THIRD: The name and address of the agent for service of process is ALAN S. GASSMAN, 1245 Court Street, Suite 102, Clearwater, Florida 33756.

FOURTH: The names, business address and mailing address of each General Partner are as follows:

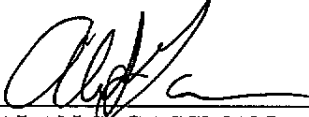
UROLOGY HEALTH CENTER, INC. *pg 3-2112*
5652 Meadow Lane
New Port Richey, FL 34652

FIFTH: The mailing address of the Limited Partnership is 5652 Meadow Lane, New Port Richey, FL 34652. The mailing address and the principal place of business address are the same.

SIXTH: The latest date on which the Limited Partnership is to dissolve is March 24, 2026.

WE, the undersigned General Partners, declare under penalties of perjury that we have examined the foregoing and it is true, correct and complete.

DATED this 24th day of March, 1998.



ALAN S. GASSMAN
Its: Assistant Secretary
"General Partner"

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

THE UNDERSIGNED, acting as an Officer of Urology Health Center, Inc., a Florida Corporation, which is the General Partner of MEADOW LANES SURGERY CENTER LIMITED PARTNERSHIP, a Florida Limited Partnership being formed pursuant to Florida Statute § 620.108, does hereby, under penalty of perjury and to the best of the undersigned's knowledge and belief, declare as follows:

The amount of capital contribution of the Limited Partners and the amount anticipated to be contributed by the Limited Partners with respect to the Partnership is \$100.00.

FURTHER, Affiant sayeth not.

DATED this 24th day of March, 1998.

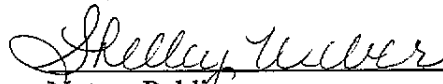
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ALAN S. GASSMAN

STATE OF FLORIDA)
COUNTY OF PINELLAS)

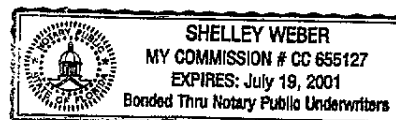
BEFORE ME, the undersigned authority, personally appeared ALAN S. GASSMAN, acting as an Officer of Urology Health Center, Inc., who expressed that he executed the foregoing Affidavit for the purposes therein expressed.

WITNESS my official hand and seal this 24th day of March, 1998.


Notary Public

My Commission Expires:

JA\UROLOGY\PARTNERS\AFFIDAVI.
:emt 3-24-98



ACCEPTANCE OF REGISTERED AGENT

Pursuant to Florida Statute 48.091 and this Certificate of Limited Partnership, the undersigned Registered Agent does hereby accept the duties as Registered Agent and designates as his location for service of process as:

ALAN S. GASSMAN, ESQUIRE
1245 Court Street
Suite 102
Clearwater, Florida 33756

The undersigned shall serve as Registered Agent until otherwise removed or he shall resign pursuant to the laws of the State of Florida.


_____(SEAL)
ALAN S. GASSMAN, ESQUIRE

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:emt 3-24-98

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