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FILED

2004 LIMITED PARTNERSHIP REINSTATEMENT

04 OCT 25 AM 8:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A98000000777</b>					
1. Entity Name <b>MEADOW LANE SURGERY CENTER LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>5652 MEADOW LANE NEW PORT RICHEY, FL 34652</b>		Mailing Address <b>5652 MEADOW LANE NEW PORT RICHEY, FL 34652</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3504623</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GASSMAN, ALAN S 1245 COURT STREET, SUITE 102 CLEARWATER, FL 33756</b>				7. Name and Address of New Registered Agent Name <b>STANLEY D. CHOUNICK, CEO</b> Street Address (P.O. Box Number is Not Acceptable) <b>5652 MEADOW LANE</b> City <b>NEW PORT RICHEY</b> FL Zip Code <b>34652</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>[Signature]</i> DATE <b>OCT 20, 2004</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$100.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>\$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT #	P93000002112			STREET ADDRESS	
NAME	UROLOGY HEALTH CENTER, INC.			CITY-ST-ZIP	<b>300041819 283</b>
STREET ADDRESS	5652 MEADOW LANE				
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652				
DOCUMENT #				STREET ADDRESS	<b>10/12/04-01045-003</b>
NAME				CITY-ST-ZIP	<b>\$150.00</b>
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS					
CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				DATE <b>OCT 20, 2004</b> <small>Date Daytime Phone #</small>	

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October 20, 2004

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Re: Meadow Lane Surgery Center Limited Partnership  
Ref. Number A98000000777

Dear Ms. Cline:

Enclosed is our 2004 Limited Partnership Reinstatement form. We recently submitted the renewal and inadvertently made a mistake. The original form demonstrated Urology Health, Inc. on line #12 P93000002112, which is in fact the correct information. We also included a check in the amount of \$150.00 for the reinstatement.

Your letter states we need to submit a check in the amount of \$641.25. Our center did not receive a renewal request and therefore should not be subject to this fee. I called your office and spoke with Diane and she told us to write a letter stating we did not receive a renewal. It was not until the bank called me and told us we needed to renew that we knew there was a problem.

Therefore, the check previously enclosed which is check #2394 in the amount of \$150.00, is sufficient to cover our renewal. There are in fact no changes to the Urology Health, Inc., and we have submitted Document A98000000777 demonstrating same.

Thank you for your prompt attention to this matter. Should you have any questions please contact our center at 727-847-7522, Ext. 204.

Sincerely,

A handwritten signature in black ink, which appears to read 'Stanley D. Chovnick', is written over the 'Sincerely,' text.

Stanley D. Chovnick  
Chief Executive Officer

**MEADOW LANE SURGERY CENTER**

5652 Meadow Lane, Suite A, New Port Richey, Florida 34652 • Phone (727) 847-7522 • Fax (727) 845-8912