2005 LIMITED PARTNERSHIP REINSTATEMENT

FILED
Oct 10, 2005
Secretary of State

DOCUMENT# A98000000777

Entity Name: MEADOW LANE SURGERY CENTER LIMITED PARTNERSHIP

Current Principal Place of Business:

5652 MEADOW LANE
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

5652 MEADOW LANE
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 59-3504623 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

Name and Address of Current Registered Agent:

CHOVNICK, STANLEY D
5652 MEADOW LANE
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Capital Contributions as Shown on record: 100.00
Amount of Capital Contributions in Florida to date: 100.00

GENERAL PARTNER INFORMATION:

Document #: P93000002112
Name: UROLOGY HEALTH CENTER, INC.
Address: 5652 MEADOW LANE
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: STANLEY D. CHOVNICK CEO 10/10/2005

Electronic Signature of Signing General Partner — Date