

A98000000806

CSC
THE UNITED STATES
CORPORATION
COMPANY

A98000000806

ACCOUNT NO. : 072100000032

REFERENCE : 760132 4369500

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : March 30, 1998

ORDER TIME : 9:55 AM

ORDER NO. : 760132-005

CUSTOMER NO: 4369500

CUSTOMER: Judy Diamond, Legal Assistant
MCDERMOTT, WILL & EMERY

201 South Biscayne Boulevard
22nd Floor
Miami, FL 33131-4335

400002471694--2

-03/30/98--01009--015

*****87.50 *****87.50

400002471694--2

-03/30/98--01009--016

***1750.00 ***1750.00

DOMESTIC FILING

NAME: SUNRISE REGIONAL MEDICAL CENTER
LTD.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Cassandra Bryant

EXAMINER'S INITIALS:

nk
3/30/98

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
98 MAR 30 PM 1:25

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
98 MAR 30 AM 10:39



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

March 30, 1998

CASSANDRA BRYANT
CSC NETWORKS
TALLAHASSEE, FL

SUBJECT: SUNRISE REGIONAL MEDICAL CENTER, LTD
Ref. Number: W98000006978

RESUBMIT
Please give original
submission date as file date.

We have received your document for SUNRISE REGIONAL MEDICAL CENTER, LTD. and your check(s) totaling \$1837.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Registered Agent -- CORPORATION SERVICE COMPANY -- MUST SIGN the R.A. acceptance statement on page 2.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6914.

Buck Kohr
Corporate Specialist

Letter Number: 198A00016802

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 MAR 30 PM 4: 25

RECEIVED
98 MAR 30 PM 3: 28
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 MAR 30 PM 4:25

CERTIFICATE OF LIMITED PARTNERSHIP**OF****SUNRISE REGIONAL MEDICAL CENTER, LTD.**

The undersigned, desiring to form a limited partnership pursuant to the laws of the State of Florida, does hereby certify as follows:

1. Name of Limited Partnership. The name of the Limited Partnership is:

SUNRISE REGIONAL MEDICAL CENTER, LTD.

2. Office for Maintenance of Business Records. The address of the office at which the records of the Limited Partnership will be kept, as required by §620.106 of the Florida Statutes, is:

2801 Ponce de Leon Boulevard
Suite 600
Coral Gables, Florida 33134

3. Agent for Service of Process. The name and address of the Limited Partnership's agent for service of process is:

Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32201

4. General Partner. The name and business address of the sole General Partner in the Limited Partnership is as follows:

Sunrise Regional, Inc.
2801 Ponce de Leon Boulevard
Suite 600
Coral Gables, Florida 33134

5. Address of the Limited Partnership. The mailing address of the Limited Partnership is:

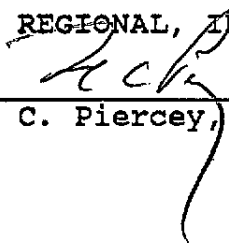
2801 Ponce de Leon Boulevard
Suite 600
Coral Gables, Florida 33134

6. Date of Dissolution. The latest date on which Limited Partnership is to dissolve is:

December 31, 2028

DATED this 25th day of March, 1998, at the City of Miami, Dade County, Florida.

By: SUNRISE REGIONAL, INC., its General Partner



Michael C. Piercey, President

(Seal)

ACCEPTANCE OF DESIGNATION AS AGENT FOR SERVICE OF PROCESS

The undersigned hereby accepts designation and appointment as agent for service of process for SUNRISE REGIONAL MEDICAL CENTER, LTD., a Florida limited partnership, and agrees to accept service of process for said Limited Partnership and to comply with any and all statutes relative to the complete and proper performance of the duties as such agent for service of process.

DATED this 30 day of March, 1998.

CORPORATION SERVICE COMPANY

By: 

Karen B. Rozar, As Its Agent

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF FLORIDA :
:ss:
COUNTY OF DADE :

Before me, the undersigned authority, personally appeared
MICHAEL C. PIERCEY ("Affiant"), who, after being duly sworn,
deposes and says as follows:

1. Affiant is the President of SUNRISE REGIONAL, INC.,
a Florida corporation, that is the sole General Partner of SUNRISE
REGIONAL MEDICAL CENTER, LTD., a Florida limited partnership (the
"Partnership").

2. Affiant hereby certifies that the total initial
amount of capital contributions and anticipated capital
contributions by all of the Partners of the Partnership is
\$ 500,000.00.

3. Affiant states that the above statements are true to
Affiant's knowledge, information, and belief.

FURTHER AFFIANT SAYETH NOT.

DATED this 25 day of March, 1998, at the City of Miami,
Dade County, Florida.



Michael C. Piercey