

CT CORPORATION SYSTEM

A98000001126

CORPORATION(S) NAME

Pasco Surgery Center, LLLP

FILED
APR 19 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800004034028--5
-04/20/01--01001--004
*****25.00 *****25.00

- | | | |
|--|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input checked="" type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

4/19/01

Order#: 4119855

Ref#: _____

Amount: \$ _____

NOT RECORDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 APR 19 AM 11:16

File Second

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

LP-25.00

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7/19

**STATEMENT OF QUALIFICATION FOR
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership as identified in the records of the Florida Department of State: **PASCO SURGERY CENTER, LTD.** (the "Partnership"). The Partnership's Florida document number is: A98000001126.

2. Suffix adopted for the above named Partnership: LLLP.

3. The street address of its chief executive office:

59237th Street
Zephyrhills, Florida 33540

4. The street address of its principal office:

59237th Street
Zephyrhills, Florida 33540

5. The Partnership hereby elects to be a limited liability limited partnership.

6. The effective date of this filing shall be as of the date this document is filed with the Florida Department of State.

7. The name and street address of the Partnership's agent for service of process:

Robert E. Aylward
600 S. Magnolia Ave., Suite 100
Tampa, Florida 33606

The execution of this statement as a partner constitutes as affirmation under penalties of perjury that the facts stated herein are true.

Signed this 17th day of April, 2001.

**VISION TWENTY-ONE EYE SURGERY
CENTERS, INC.,** a Florida corporation, its
General Partner

By: Richard W. Jones
Treasurer

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