

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED
PARTNERSHIP
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Division of Corporations
A98000001126

FILED

01 APR 16 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A98000001126

1. Name of Limited Partnership

Vision Twenty-One Surgery Center, Ltd.

2. Principal Office Address

5923 7th Street

Suite, Apt. #, etc.

City & State

Zephyrhills, FL

Zip

Country

33540-3501

3. Mailing Office Address

5923 7th Street

Suite, Apt. #, etc.

City & State

Zephyrhills, FL

Zip

Country

4. Date Formed or Registered
To Do Business in Florida

05-01-98

5. FEI Number

593510176

Applied For

No: Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$6.75 Additional Fee required
for a Certificate of Status

7a. Capital Contributions as shown on Record

\$10,000

7b. Amount of Capital Contributions in FLORIDA to date:

\$346,424

8. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 S. Pine Island Rd.

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

FEES:

- 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
 - 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
 - 3.) Penalty Fee(s): \$500 penalty fee for each year report is delinquent.
- Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Pursuant to the provisions of sections 620.1061 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

Corinne Bygones

DATE

4-10-01

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

City, State and Zip Code

10a. Legislation
Document Number

Vision Twenty-One
Eye Surgery Centers, Inc.

120 W. Fayette St
Suite 700

Baltimore, MD
21201

P98000012317

Adm 1,525.75

AR 437.50

ARSUPP 88.75

CERT 8.75

2,060.75

REINSTATEMENT 2000-2001

BRC CGS

800004013288--0

-04/17/01--01059--013

***1026.25 ***1026.25

800004013288--0

-04/17/01--01059--014

***1087.00 ***1034.50

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE By: Vision Twenty-One Eye Surgery Centers, Inc.
Richard W. Jones

DATE

3/29/01

Typed or Printed Name of General Partner Signing Form

Richard W. Jones, Treasurer

Telephone Number

410-752-0121

CR07039 (1/1/99)