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| CORPORATION NAME(S) AN | ND DOCUMENT NUMBER(S) | (if known): |
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| Orlando: | Surgery Center I | [, Ltd. |
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| A CONTRACTOR OF THE CONTRACTOR | | Acknowled Smant |
| NEW FILINGS | AMENDMENTS Amendment | V. P. Var. ya |
| NonProfit | Resignation of R.A. Officer/Director | |
| Limited Liability | Change of Registered Agent | Certificate of FICT ROUS NAME |
| Domestication Other | Dissolution/Withdrawal Merger | FICTITIOUS NAME SEARCH |
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| | | CORP SEARCH S TO THE SEARCH S |
| | GISTRATION/QUALIFICATION | PH C |
| Annual Report Fictitious Name | Foreign Limited Partnership | RATIO |
| Name Reservation | Reinstatement | RATION |
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| | Other | |
| | | |

Ordered By:

Date:

CERTIFICATE OF LIMITED PARTNERSHIP OF ORLANDO SURGERY CENTER II, LTD.

- SECRETARY OF STATIONS
 DIVISION OF CORPORATIONS
 98 MAY 28 PM 3: 49
- 1. The name of the limited partnership is Orlando Surgery Center II, Ltd.
- 2. The address of the office of the limited partnership is 20 Burton Hills Boulevard, Suite 100, Nashville, Tennessee 37215.
- 3. The name and address of the agent for service of process in the State of Florida is NRAI Services, Inc., 526 East Park Avenue, Tallahassee, Florida 32301.
- 5. The name and business address of the sole general partner of the limited partnership is Ambulatory Resource Centres of Florida, Inc., 20 Burton Hills Boulevard, Suite 100, Nashville, Tennessee 37215.
- 6. The mailing address of the limited partnership is 20 Burton Hills Boulevard, Suite 100, Nashville, Tennessee 37215.
- 7. The latest date upon which the limited partnership is to dissolve is June 30, 2028.

Under penalties of perjury, the undersigned general partner has read the foregoing and knows the contents thereof and that the facts stated therein are true and correct.

Signed this 22st day of May, 1998.

AMBULATORY RESOURCE CENTRES OF FLORIDA, INC.

By

Betty Géarhart

Vice President – Development

Having been named as registered agent and to accept service of process for the above stated limited partnership at the place designated in this certificate, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of its position as registered agent.

NRAI SERVICES, INC.

By:

Assistant Secretary

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FLORIDA LIMITED PARTNERSHIP

The undersigned sole general partner of Orlando Surgery Center II, Ltd., a Florida limited partnership, does hereby certify as follows:

- 1. The total amount of capital contributions to date of the limited partners is \$100.00.
- 2. The amount of capital contributed and anticipated to be contributed by the limited partners at this time totals \$100,000.

Signed this 22st day of May, 1998.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury, the undersigned general partner has read the foregoing and knows the contents thereof and that the facts stated therein are true and correct.

Signed this 21^{st} day of May, 1998.

AMBULATORY RESOURCE CENTRES OF FLORIDA, INC.

Day

Betty Gearhart

Vice President – Development

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