SMAGNERACIO OO 331 BYOT West and Avenue, Suite 760 Address

| ~ | 101 - 00001 | | | | |
|----------------|-------------|---------|---------|--|--|
| | | Address | j | | |
| 1 | ashville | IN | 37203 | | |
| City/State/Zip | | J | Phone # | | |

Examiner's Initials

| City/State/2 | ip / Phone # | 6 | 12 Office Us | e Only |
|-------------------|---------------------|------------------------|-------------------|--|
| CORPORATION N | AME(S) & DOCUM | ENT NUMBER | (S), (if known): | BR a- |
| 1. A98-13 | 3 ation Name) | (Documen | <i>f</i> #1 | MJH F8 8 |
| ` • | ration Name) | (Босыпел | · #) | AH E T |
| 2(Corpo: | ration Name) | (Documen | t #) | ASSEE F |
| 3(Corpo | ration Name) | (Documen | t #) | PH 4: 20 |
| 4(Corpo | ration Name) | (Documen | t #) | <u> </u> |
| ☐ Walk in | Pick up time | | Certified Copy | , |
| Mail out | Will wait P | hotocopy | Certificate of | Status |
| NEW FILINGS | AMENDMEN? | S 7 STEEL | | |
| Profit | Amendment | | | |
| NonProfit | Resignation of R.A. | , Officer/ Director | | |
| Limited Liability | Change of Registere | d Agent | | |
| Domestication | Dissolution/Withdra | ıwal | - conno | :796N259 |
| Other | Merger | · · · |] 50000. -06/1 | 57960259 17/0201074017 **52.50 ******52.50 |
| OTHER FILINGS | REGISTRA | Canada Company Company | . ' | |
| Annual Report | QUALIFICA | 710% | = | |
| Fictitious Name | Foreign | | = | |
| Name Reservation | Limited Partnership | | | |
| | Reinstatement | | | |
| • | Trademark | | | |
| | Other | | | |
| | | | | |

CR2E031(1/95)



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 16, 2002

SYMBION HEALTHCARE 3401 WEST END AVENUE, SUITE 760 NASHVILLE, TN 37203

SUBJECT: ORLANDO SURGERY CENTER II, LTD.

Ref. Number: A98000001331

We have received your document for ORLANDO SURGERY CENTER II, LTD., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$52.50.

The fee to file this Supplemental Affidavit to decrease your contributions on record is \$52.50.

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) 245-6967.

Letter Number: 802A00030981

Michelle Hodges Document Specialist

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED PARTNERSHIP

| The undersigned general partners of Orlando Surgery |
|--|
| Center II, Ltd. |
| Florida Limited Partnership, executed this supplemental affidavit filed pursuant to section 620.112, Florida Statutes. |
| The total amount of the capital contributions of the limited partners is: $\$\frac{47,750}{}$. |
| This 10 th day of April , 2002. APRIL T |
| FURTHER AFFIANT SAYETH NOT. |
| Under penalties of perjury I declare that I have read the foregoing and that the facts are true, to the best of my knowledge and belief. |
| General Partner(s) |
| Ambulatory Resource Centres of Florida, Inc. Zare T. Neal, CEO |
| Fees: \$7 per \$1000, based on additional contributions Minimum \$ 52.50 Maximum \$1750.00 Fees: - n/a - no additional no additio |
| Note: Ply reported Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Note: Ply reported amts had included 6P. Contributions. |