

LAW FIRM OF  
SCOTT SWEIGART

1725 University Drive, Fourth Floor  
Coral Springs, Florida 33071  
Telephone 954.755.5075

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 JUL 23 AM 9:12

Scott Sweigart

Extension 102

A980000000 Jul 1774

Department of State  
Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

Re: CORAL SPRINGS SURGICAL, LTD.

500002596765--9

-07/23/98--01001--016

\*\*\*\*\*87.50 \*\*\*\*\*87.50

To Whom It May Concern:

Enclosed is the original and one copy of the Certificate of Limited Partnership for the above named proposed Florida limited partnership. Also enclosed is a check in the amount of Eighty-Seven and 50/100 Dollars (\$87.50), for the filing fee and registered agent fee.

After filing the Certificate, please forward to me at the above address a filed copy of the Certificate of Limited Partnership.

Thank you for your assistance in this matter.

Sincerely,

Law Firm of Scott Sweigart

Scott Sweigart

SS/jh  
Enclosures

T.C. \$7,500.00

FLCP  
need

FF \$87.50

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 JUL 23 AM 9:15

19  
07-27-98

LAW FIRM OF  
SCOTT SWEIGART

1725 University Drive, Fourth Floor  
Coral Springs, Florida 33071  
Telephone 954.755.5075

Scott Sweigart  
Extension 102

August 10, 1998

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: CORAL SPRINGS SURGICAL, LTD.

To Whom It May Concern:

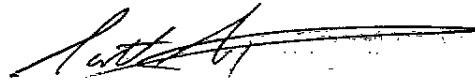
Enclosed is a corrected Certificate of Limited Partnership for the above named Florida limited partnership which was filed July 23, 1998. It is the same as the original Certificate, except that a typographical error in the title of the original Certificate has been corrected. In addition to the corrected Certificate, I have enclosed a copy of the corrected Certificate, a copy of the original certificate and a copy of the acknowledgment letter that I received from the State. ✓

Please substitute the corrected Certificate for the original Certificate, then return a copy of the corrected Certificate to me. If you have any questions, please feel free to call me.

Thank you for your assistance in this matter.

Sincerely,

Law Firm of Scott Sweigart



Scott Sweigart

SS/jh  
Enclosures

**AFFIDAVIT**

The undersigned being first duly sworn, deposes and says that:

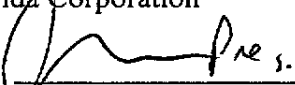
1. Coral Springs Surgical, Inc. (the "Corporation") has executed and filed Articles of Incorporation with the Florida Department of Corporations;
2. The Corporation shall act as the sole general partner to Coral Springs Surgical, Ltd., a Florida limited partnership (the "Partnership");
3. The Partnership's Certificate of Limited Partnership is enclosed herein for filing with the Florida Division of Corporations; and
4. The Corporation hereby grants it consent and permission to the Partnership to use the name "Coral Springs Surgical, Ltd."

STATE OF FLORIDA


COUNTY OF BROWARD

CORAL SPRINGS SURGICAL, INC.,  
a Florida Corporation

By:

  
Jeffrey Sherrin, its President

Acknowledged before me this 22nd day of July, 1998, by Jeffrey Sherrin, as President of Coral Springs Surgical, Inc., who is personally known to me.

  
Notary Public -- State of Florida



Sharon Sue Carter  
MY COMMISSION # CC813390 EXPIRES  
February 5, 2001  
BONDED THRU TROY FAH INSURANCE, INC.

**CERTIFICATE OF LIMITED PARTNERSHIP**

**OF**

**CORAL SPRINGS SURGICAL, LTD.**

a Florida limited partnership

**FILED**  
98 JUL 23 AM 9:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned General Partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act, as set forth in Part I, Chapter 620 of the Florida Statutes, hereby states:

1. The name of the limited partnership is Coral Springs Surgical, Ltd. (the "Partnership").

2. The address of the office of the Partnership is 1725 University Drive, Suite 450, Coral Springs, Florida 33071.

3. The mailing address of the Partnership is 1725 University Drive, Suite 450, Coral Springs, Florida 33071.

4. The name and address of the agent for service of process on the Partnership are Coral Springs Surgical, Inc., 1725 University Drive, Suite 450, Coral Springs, Florida 33071.

5. The name and business address of the sole general partner are Coral Springs Surgical, Inc., 1725 University Drive, Suite 450, Coral Springs, Florida 33071.

6. The latest date upon which the Partnership shall dissolve is December 31, 2048.

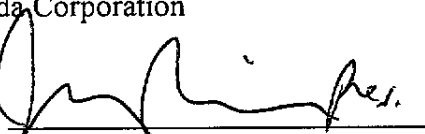
The execution of this certificate by the undersigned General Partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed on behalf of the sole General Partner of Coral Springs Surgical, Ltd. this 22nd day of July, 1998.

GENERAL PARTNER:

CORAL SPRINGS SURGICAL, INC.  
a Florida Corporation

By:

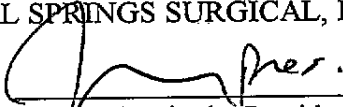
  
Jeffrey Sherrin, President

**ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT**

Having been named as statutory registered agent for Coral Springs Surgical, Ltd., a Florida limited partnership (the "Partnership"), in the foregoing Certificate of Limited Partnership, the undersigned corporation, on behalf of the Partnership, agrees to accept service of process for the Partnership and to comply with any and all statutes relative to the complete and proper performance of the duties of registered agent.

CORAL SPRINGS SURGICAL, INC.

By:

  
Jeffrey Sherrin, its President

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

BEFORE ME, the undersigned authority, personally appeared Jeff Sherrin, as President of Coral Springs Surgical, Inc., the sole general partner of Coral Springs Surgical, Ltd., (the "Partnership"), who, upon being duly sworn, certified as follows:

1. The amount of capital contributions to the Partnership made by the limited partners is, in the aggregate, One Hundred and No/100 Dollars (\$100.00).

2. At this time, it is anticipated that the total amount contributed and to be contributed by the limited partners will be Seven Thousand Five Hundred and No/100 Dollars (\$7,500.00).

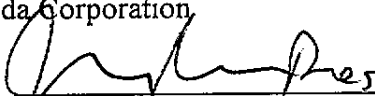
Under penalties of perjury, I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

STATE OF FLORIDA

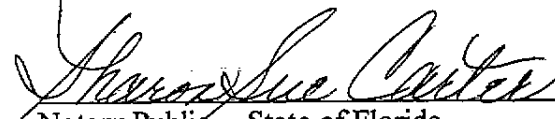
COUNTY OF BROWARD

CORAL SPRINGS SURGICAL, INC.,  
a Florida Corporation

By:

  
Jeffrey Sherrin, its President

Acknowledged before me this 22nd day of July, 1998, by Jeffrey Sherrin, as President of Coral Springs Surgical, Inc., who is personally known to me.

  
Notary Public -- State of Florida



Sharon Sue Carter  
MY COMMISSION # CC613390 EXPIRES  
February 5, 2001  
BONDED THRU TROY FAH INSURANCE, INC.