# Florida Department of State

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# FLORIDA LIMITED PARTNERSHIP

# NORTH PINELLAS SURGERY CENTER, LTD.

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### CERTIFICATE OF LIMITED PARTNERSHIP OF

## NORTH PINELLAS SURGERY CENTER, LTD.

THE UNDERSIGNED, desiring to form a Limited Partnership under the Florida Revised Uniform Limited Partnership Act, hereby certify as follows:

FIRST:

The name of the Limited Partnership is NORTH PINELLAS SURGERY

CENTER, LTD.

SECOND:

The address of the office of the Partnership where the records will be

maintained is 33920 U.S. 19 N., Suite 124, Palm Harbor, FL 34684.

THIRD:

The name and address of the agent for service of process is ALAN S.

GASSMAN, 1245 Court Street, Suite 102, Clearwater, Florida 33756.

FOURTH:

The names, business address and mailing address of each General Partner are

as follows:

Jawahar Taunk, M.D. 2595 Tampa Road Suite E Palm Harbor, FL 34684

Anoop Goyal, M.D. 1162 Alt. 19 N. Holiday, FL 34691

Michael Loebenberg, M.D. 1831 N. Belcher Road, Suite A-3 Clearwater, FL 33765

> Manuel Babaian, M.D. 2595 Tampa Road Suite E Palm Harbor, FL 34684

Alan S. Gassman, Esquire 1245 Court Street, Suite 102 Clearwater, FL 33756 (813) 442-1200 Florida Bar # 371750 Audit Fax #: H99000016588 8

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Alan Klibanoff, M.D. 33920 U.S. 19 North Suite 124 Palm Harbor, FL 34684

Larry Zeitlin, M.D. 33920 U.S. 19 North Suite 124 Palm Harbor, FL 34684

Joe Daly, M.D. 33920 U.S. 19 North Suite 124 Palm Harbor, FL 34684

Michael Peebles, M.D. 33920 U.S. 19 North Suite 124 Palm Harbor, FL 34684

Richard LaCamera, M.D. 33920 U.S. 19 North Suite 124 Palm Harbor, FL 34684

FIFTH:

The mailing address of the Limited Partnership is 33920 U.S. 19 N., Suite 124, Palm Harbor, FL 34684. The mailing address and the principal place of business address are the same.

SIXTH:

The latest date on which the Limited Partnership is to dissolve is July 7, 2029.

WE, the undersigned General Partners, declare under penalties of perjury that we have examined the foregoing and it is true, correct and complete.

DATED this 7th day of July, 1999.

JAWAHAR TAUNK, M.D.
Its: General Partner

Alan S. Gassman, Esquire 1245 Court Street, Suite 102 Clearwater, FL 33756 (813) 442-1200 Florida Bar # 371750 Audit Fax #: <u>H990000</u>76588 8

Audit Fax #: H99000016588 8 ANOOF GOYAL, M.D. Its: General Partner, **MICHAEL** ØEBENBERG, M.D. General Partner MANUEL BANAIAN, M.D. Its: Général Partner ALAN KLIBANOFF, M.D. ts: General Partner LARRY ZEITLIN, M.D. Its: General Partner JOE DALY, M.D. Its: General Partner MICHAEL REEBLES, M.D. General Partner RICHARD LACAMERA, M.D. Les: General Partner (Signature of all General Partners required.)

Alan S. Gassman, Esquire
1245 Court Street, Suite 102
Clearwater, FL 33756
(813) 442-1200
Florida Bar # 371750
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#### ACCEPTANCE OF REGISTERED AGENT

Pursuant to Florida Statute 48.091 and this Certificate of Limited Partnership, the undersigned Registered Agent does hereby accept the duties as Registered Agent and designates as his location for service of process as:

ALAN S. GASSMAN, ESQUIRE 1245 Court Street Suite 102 Clearwater, Florida 33756

The undersigned shall serve as Registered Agent until otherwise removed or he shall resign pursuant to the laws of the State of Florida.

(SE.

Alan S. Gassman, Esquire 1245 Court Street, Suite 102 Clearwater, FL 33756 (813) 442-1200 Florida Bar # 371750 Audit Fax #: H99000016588 8

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#### AFFIDAVIT OF CAPITAL CONTRIBUTIONS

THE UNDERSIGNED, acting as a General Partner of NORTH PINELLAS SURGERY CENTER, LTD., a Florida Limited Partnership being formed pursuant to Florida Statute § 620.108, does hereby, under penalty of perjury and to the best of the undersigned's knowledge and belief, declare as follows:

The amount of capital contribution of the Limited Partners and the amount anticipated to be contributed by the Limited Partners with respect to the Partnership is \$ 18,000.

FURTHER, Affiant sayeth not.

DATED this 7th day of July, 1999.

ALAN S. GASSMAN

STATE OF FLORIDA COUNTY OF PINELLAS

BEFORE ME, the undersigned authority, personally appeared ALAN S. GASSMAN, who expressed that he executed the foregoing Affidavit for the purposes therein expressed.

WITNESS my official hand and seal this 7 day of 91, 1999.

Notary Public

My Commission Expires:

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