## 1000109° Requester's Name 200003183722---03/24/00--01103--004 \*\*\*\*490.00 \*\*\*\*490.00 City/State/Zip Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1.

	(Co	rporation Name)	2	(Document #)					
2.									
2.	(Corporation Name)		(Document #)						
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	☐ Walk in	Pick up time	-		Certified				
	☐ Mail out	☐ Will wait		Photocopy	Certificate of Status				
NEW FILINGS			<u>AMENDMENTS</u>						
	Profit			Amendment					
Not for Profit  Limited Liability			Resignation of R.A., Officer/Director						
Name	D. Damentingia	1 -	☐ Change of Registered Agent☐ Dissolution/Withdrawal						
Availabili	Other			Merger					
Documer	nt			21,44,84,					
Examine	<u>OTHER FIRM</u>	<u>s</u>	<u>RE</u>	GISTRATION/Q	UALIFICATION				
Updater	Annual Repo	rt		Foreign					
}¹> ≲'er				Limited Partners	hip				
Veri /≥r	poo			Reinstatement					
Acine e	ryariant 600			Trademark ~	considerations				
W. P. Ve	rifyer out			Other	P \$ 88,000.0)				
					Examiner's Initials				

CR2E031(7/97)

LP0100000PPA

## SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned general partners	of <u>North Pinel</u>	las Surger	y Center, L	td.	
				, a	
Florida Limited Partnership, exec Florida Statutes.	uted this supplement	al affidavit fil	led pursuant to	o section 620.112,	<del></del>
The total amount of the capital cor	tributions of the limi	ted partners is	\$ <mark>88,000.0</mark>	8-28	
This 10th day of March			, <b>XXX 2000</b>	FILE NAR 24 CRETARY O	
FURTHER AFFIANT SAYETH  Under penalties of perjury I decla  best of my knowledge and belief.		e foregoing a	nd that the fac	FSTATI	
	General Parti	ner(s)			
Rulind	S. D. Camu				
				- * <del>-</del>	
	·				
\$7 p	Fees: er \$1000, based on addi	tional		. –	: ==

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

contributions

Minimum \$ 52.50 Maximum \$1750.00