

A99000001094

4/26/02
NUM: A990000010 S FL CTIV / L I LD 07/1/99
LAST: CONTRIBUTION CHANGE
ACT CONT: 408,000.00 FEI#: 59-3585728
NAME : NORTH PINELLAS SURGERY CENTER, LTD., L.L.P.
NH: 1
PRINCIPAL: 2323 CURLEW ROAD, SUITE 7-E
ADDRESS PALM HARBOR, FL 34683
RA NAME : JACOBSON, CHARLES
RA ADDR : C/O JACOBSON CONSULTING, INC.
2323 CURLEW ROAD, SUITE 7-E
PALM HARBOR, FL 34683 US
ANN REP :
CHANGED: 03/22/00
NAME CHG: 03/22/00
ADDR CHG: 03/22/00
(2000) I 03/22/00 (2001) I 04/19/01

1. MENU, 3. PARTNERS, 4. EVENTS, 6. NAMES

ENTER SELECTION AND CR:

400005418174--4
-05/01/02--01069--011
***364.00 ***364.00

FILED
02 APR 22 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A99-1094
OR

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

The undersigned general partners of North Pinellas Surgery Center, Ltd., L.L.P.

_____, a
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: \$ 460,000.00.

This 10th day of April, 2002.

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)



Richard LaCamera, M.D.

Fees:	
\$7 per \$1000, based on additional	
contributions	
Minimum \$	52.50
Maximum \$	1750.00

FILED
02 APR 22 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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