

B00000000000238

Jacksonville Beach Surgery Center, LLC
Requester's Name
3316 South Third St.
Address
Jacksonville Beach, FL 32250
City/State/Zip Phone #
4/29
Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. B-238 (Corporation Name) Supp. Aff. (Document #) 400005367694--2
-04/29/02--01056--004
****525.00 ****525.00
2. (Corporation Name) (Document #)
3. (Corporation Name) (Document #) MJH
4. (Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

FILED
02 APR 29 PM 5:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials

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

The undersigned general partners of Jacksonville Beach
Surgery Center, L.P. a (an) Tennessee
Limited Partnership, executed this supplemental affidavit filed pursuant to section 620.176,
Florida Statutes. The total amount of the capital contributions of the limited partners that is
allocated for the purpose of transacting business in Florida is: \$ 1,545,000.

Signed 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

Charles T. Neal
Charles T. Neal, CEO
SARC/Jacksonville, Inc.

FEES:

\$7 per \$1,000 based on the additional contributions
(Minimum \$52.50 - Maximum \$1,750.00)

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

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