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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

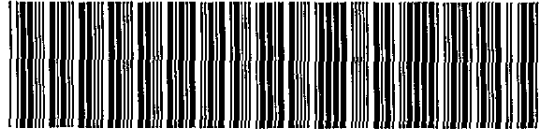
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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sand Lake Surgery Center, LP
(Name of Limited Partnership)

The enclosed Supplemental Affidavit and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

George P. McGinn, Jr.
(Name of Person)

Surgis, Inc.
(Firm/Company)

30 Burton Hills Blvd., Suite 450
(Address)

Nashville, TN 37215
(City/State and Zip Code)

For further information concerning this matter, please call:

George P. McGinn, Jr. at (615) 312-5570
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

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

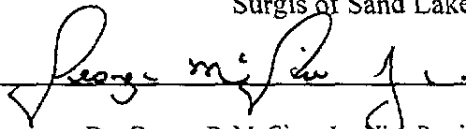
The undersigned general partners of Sand Lake Surgery Center, LP,
_____ a (an) Limited Partnership, executed this
supplemental affidavit filed pursuant to section 620.176, Florida Statutes. The total amount of
the capital contributions of the limited partners allocated for the purpose of transacting
business in Florida is: \$ 332,500.

Signed this 25th day of January, 2005.

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
Surgis of Sand Lake, Inc.



By: George P. McGinn, Jr., Vice President/Secretary

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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