

BOS0000000013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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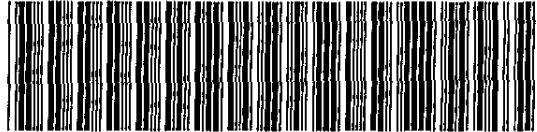
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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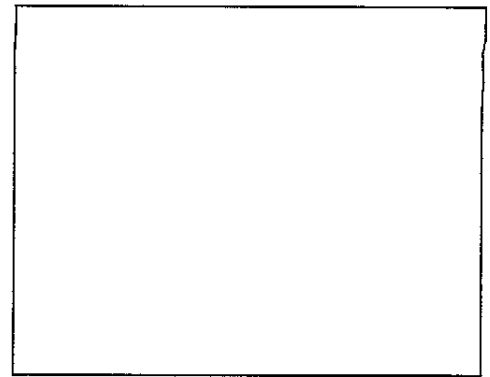
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DIVISION OF CORPORATE
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FILE 2ND

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WALK-IN FILING

CORPORATION NAME

1. WOOLBRIGHTSURGERY CENTER, LP

CHECK # 1455

AMOUNT \$1785.00

PLEASE RETURN THE FOLLOWING:

XXX PLAIN PHOTOCOPY

___ CERTIFICATE OF GOOD STANDING / STATUS

DOCUMENT TYPE:

___ NEW FILING

___ AMENDMENT

XXX REGISTRATION / QUALIFICATION

___ OTHER _____

FILED
2005 JAN 18 PM 11:50
TALLAHASSEE, FLORIDA

Examiner's Initials

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. Woolbright Surgery Center, LP
(Name of limited partnership as it is in the home state)

2. N/A
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Tennessee 4. 3/30/04
(State of Formation) (Date of Formation)

5. NRAI Services, Inc.
(Name of Registered Agent for Service of Process)

6. 526 East Park Avenue
(Street Address of Registered Office)

Tallahassee, Florida 32301
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:

Eileen Chaddock
(Agent must sign on this line) Eileen Chaddock
Special Asst. Secretary

8. 30 Burton Hills Blvd., Suite 450
Nashville, TN 37215
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS STREET ADDRESS

Surgis of Woolbright, Inc., 30 Burton Hills Blvd., Suite 450, Nashville, TN 37215

#F05000000259

10. 30 Burton Hills Blvd., Suite 450, Nashville, TN 37215
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

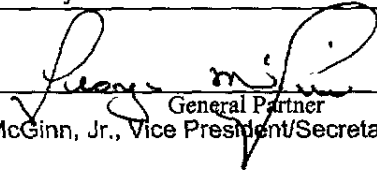
12. 30 Burton Hills Blvd., Suite 450

Nashville, TN 37215

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 13th day of January, 2005.


General Partner
George P. McGinn, Jr., Vice President/Secretary
STATE OF Tennessee


COUNTY OF Davidson

On this 13th day of January, 2005.

George P. McGinn, Jr., Vice President/Secretary, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

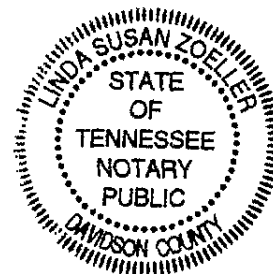

(Notary Public Signature)

Linda Susan Zoeller
(Notary's Printed Name)

MY COMMISSION EXPIRES:
July 19, 2008

Seal

My Commission Expires: _____



2005 JAN 18 11:50
TALLAHASSEE, FLORIDA

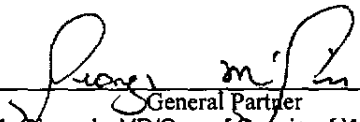
AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared George P. McGinn, Jr, VP/Sec of Surgis of Woolbright, Inc., a general partner of Woolbright Surgery Center, LP, a (an) _____ limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 1,102,500.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 1,102,500.

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 13th day of January, 2005.



General Partner
George P. McGinn, Jr, VP/Sec of Surgis of Woolbright, Inc.

STATE OF Tennessee

COUNTY OF Davidson

On this 13th day of January, 2005,

George P. McGinn, Jr, VP/Sec of Surgis of Woolbright, Inc., personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

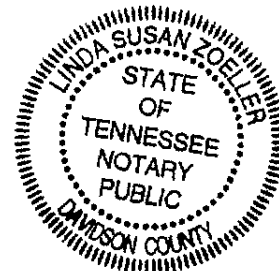


(Notary Public Signature)

Linda Susan Zoeller
(Notary's Printed Name)

MY COMMISSION EXPIRES:
July 19, 2008

Seal My Commission Expires: _____



2005 JAN 18 AM 11:50
NOTARY PUBLIC
TALLAHASSEE, FLORIDA