APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAY 20 AM 11:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # B96000000159

1. Name of Limited Partnership
SARASOTA ENDOSCOPY CENTER, LP, LIMITED PARTNERSHIP

2. Mailing Address
P. O. BOX 380546
Suite, Apt. #, etc.
City & State
BIRMINGHAM, AL
Zip: 35238 Country: USA

3. Principal Office Address
1435 S. OSPREY AVENUE
Suite, Apt. #, etc.
SUITE 100
City & State
SARASOTA, FLORIDA
Zip: 34239 Country: USA

4. Date Formed or Registered To Do Business in Florida: 5/10/96

5. FEI Number: 582081030
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED XX
$8.75 Additional Fee required for a Certificate of Status

7. State or Country of Formation: GA

8a. Capital Contributions as Shown on Record: 90,000

8b. Amount of Capital Contributions in **FLORIDA** to date: 90,000

FEES: 1) Filing Fee(s): Computed at a rate of $7 per $1,000 on amount entered in 8b, with a minimum filing fee of $52.50 and a maximum of $437.50, for each year due this office
2) Supplemental Fee(s): $88.75 for each year due this office, beginning with 1992 calendar year.
3) Penalty Fee(s): $500 penalty fee for each year report form is delinquent
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

10. If changed, new registered agent/office
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City FL Zip Code

10a. Pursuant to the provisions of sections 620.1041 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Names of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	**11a.** Registration Document Number
NSC - SARASOTA, INC.	ONE HEALTHSOUTH PKWY	BIRMINGHAM, AL 35243	F94000000703

100000288791--5
-05/27/99--01007--011
***1035.00 ***1035.00

REINSTATEMENT 1999

CR2E039 (12/98)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Richard E. Botts DATE 5/10/99

Typed or Printed Name of General Partner Signing Form: RICHARD E. BOTTS Telephone Number: (205) 967-7116