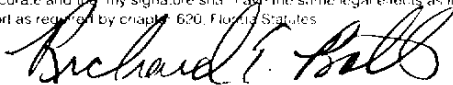


APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAY 20 AM 11:45 TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE	
DOCUMENT # B96000000159 1. Name of Limited Partnership SARASOTA ENDOSCOPY CENTER, 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. FEIN Number 582081030 6. CERTIFICATE OF STATUS DESIRED ☒ \$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's 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 620.10(1) and 620.10(2) Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submit as 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). Thereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.10(2) 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	
NSC - SARASOTA, INC.		ONE HEALTHSOUTH PKWY		BIRMINGHAM, AL 35243	
				11a. Registration Document Number F94000000703 1000002887891--5 -05/27/99--01007--011 ***1035.00 ***1035.00	
REINSTATEMENT 1999					
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 		DATE 5/10/99			
Typed or Printed Name of General Partner Signing Form. RICHARD E. BOTTS		Telephone Number (205) 967-7116			

CR2E039 (1/2/95)