

2009 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # B96000000159

1. Entity Name
SARASOTA ENDOSCOPY CENTER, L.P., LIMITED
PARTNERSHIP



Principal Place of Business
1435 S. OSPREY AVE., SUITE 100
SARASOTA, FL 34236

Mailing Address
PO BOX 380546
BIRMINGHAM, AL 35238

2. Principal Place of Business - No P.O. Box #
3000 Riverchase Galleria
Suite, Apt. #, etc.
Suite 500

3. Mailing Address
3000 Riverchase Galleria
Suite, Apt. #, etc.
Suite 500

City & State
Birmingham, AL

City & State
Birmingham, AL

Zip Country
35244

Zip Country
35244

04282009 REIN-LP CR2E100 (1/07)

4. FEI Number
58-2081030

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable (REGISTERED AGENT MUST SIGN)

DATE

FILE NOW!!! FEE IS \$1000.00

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # F94000000703
NAME SURGEX-SARASOTA, INC.
STREET ADDRESS 1435 S. OSPREY AVE., SUITE 100
CITY-ST-ZIP SARASOTA, FL 34236

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

900155125299
05/01/09--01056--011 **1000.00

S. HAWKES
MAY 08 2009

EXAMINER

REINSTATEMENT

2008-09

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

Steven J. Hawkes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/10/09
Date

Daytime Phone #

STAPLE CHECK HERE

FILED
09 MAY -5 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

