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B96000000302

CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

Healthsouth Surgery Center of Tallahassee, Limited Partnership

☐ Profit

☐ NonProfit

☐ Limited Liability Co.

☐ Amendment

☐ Merger

☒ Foreign

☐ Dissolution/Withdrawal

☐ Mark

☒ Limited Partnership

☐ Annual Report

☐ Other UCC Filing

☐ Reinstatement

☐ Reservation

☐ Change of R.A.

☐ Fic. Name

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129600000302

Florida Department of State, Jim Smith, Secretary of State

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

1 Name of limited partnership as it is in the home state

2 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 (State of Formation)

4 (Date of Formation)

5 C T CORPORATION SYSTEM  
(Name of Registered Agent for Service of Process)

6 c/o C T Corporation System, 1200 South Pine Island Road  
(Street Address of Registered Office)

Pinelton, Florida 33324  
(City) (Zip Code)

7 Acceptance by the Registered Agent for Service of Process

C T CORPORATION SYSTEM  
(Officer must sign on this line)

John J. Masters, Asst. Secretary  
(Type Name and Title of Officer)

8 530 Gay Street, Knoxville, Knox County, Tennessee 37902  
(Address of Registered Office required in State of Formation or, if not required, Address of Principal Office.)

9 NAME OF GENERAL PARTNERS

SPECIFIC ADDRESS

HEALTHSOUTH Surgery Center of  
Pinellas Park, Inc.

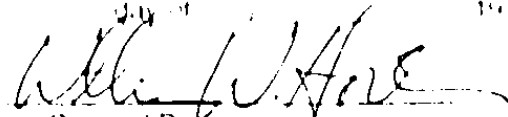
Two Perimeter Park South, Suite 224W  
Birmingham, Alabama 35243

10 Two Perimeter Park South, Suite 224W, Birmingham, Alabama 35243  
(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of the limited partner or limited partners until the limited partnership's registration in Florida is cancelled or withdrawn

12 Two Perimeter Park South, Suite 224W, Birmingham, Alabama 35243  
(Mailing Address of Limited Partnership)

The \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_

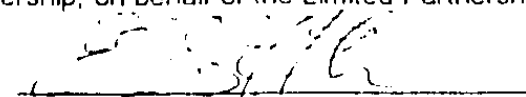
  
General Partner  
By William W. Horton, Vice President

STATE OF ALABAMA

COUNTY OF SHELBY

THE FOREGOING instrument was acknowledged and sworn to before me this \_\_\_\_\_ day  
of July, 19\_\_ by William W. Horton, Vice President of \_\_\_\_\_ (Name of General Partner) of

HEALTHSOUTH Surgery Center of Pinellas Park, Inc.  
HEALTHSOUTH Surgery Center of Pinellas Park, Limited Partnership  
(Name of Limited Partnership), A Tennessee (State or Country) Limited  
Partnership, on behalf of the Limited Partnership

  
Emily Hutchison, Notary Public  
State of Alabama at Large

(SEAL)

My Commission Expires

January 12, 2000

## AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned personally appeared William W. Horton, Vice President of HEALTHSOUTH Surgical Center of Pine Hills Park, Inc., a limited partnership, hereinafter referred to as the "Partnership", who certifies as follows

1. The amount of capital contributions of the limited partners is \$ 200,000
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 200,000

This 17th day of July, 1996

### 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.

HEALTHSOUTH Surgical Center of Pine Hills Park, Inc.  
General Partner

William W. Horton  
By: William W. Horton,  
Its Vice President

STATE OF ALABAMA  
COUNTY OF SHREVE  
DATE July 17, 1996

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared William W. Horton, Vice President of HEALTHSOUTH Surgical Center of Pine Hills Park, Inc. (General Partner, known to me and known by me to be the person who executed the foregoing Affidavit of Capital Contributions, and he acknowledged to me and before me that he executed this Affidavit as General Partner of said partnership.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 17th day of July, 1996

[Signature]  
Notary Public

Seal

State of Alabama at Large

My Commission Expires:

August 12, 1997