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WALK IN

PICK UP 8/9/96

___CERTIFIED COPY___________ ___CUS___________

✓ PHOTO COPY___________ ✓ FILING Limited Partnership

1.) The Hallandale Surgery Assoc, L.P.
(CORPORATE NAME & DOCUMENT #)

2.) ___________
(CORPORATE NAME & DOCUMENT #)

3.) ___________
(CORPORATE NAME & DOCUMENT #)

4.) ___________
(CORPORATE NAME & DOCUMENT #)

5.) ___________
(CORPORATE NAME & DOCUMENT #)

6.) ___________
(CORPORATE NAME & DOCUMENT #)

7.) ___________
(CORPORATE NAME & DOCUMENT #)

8.) ___________
(CORPORATE NAME & DOCUMENT #)

9.) ___________
(CORPORATE NAME & DOCUMENT #)

10.) ___________
(CORPORATE NAME & DOCUMENT #)

TAX ___
FILING ___
R. AGENT FEE ___
C. COPY ___
TOTAL ___
N. BANK ___
BALANCE DUE ___
REFUND ___

RECEIVED
96 AUG -9 AM 10: 26
DIVISION OF CORPORATIONS

FILED
96 AUG -9 AM 11: 09
SECRETARY OF STATE
DIVISION OF CORPORATIONS

SPECIAL INSTRUCTIONS___________

"When you need ACCESS to the world"
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Florida Department of State, Jim Smith, Secretary of State

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

1. The Hallandale Surgery Ctr, L.P.
(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. Tennessee (State of Formation) 4. 7/31/96 (Date of Formation)

5. CT Corporation System
(Name of Registered Agent for Service of Process)

6. 1200 South Pine Island Road
(Street Address of Registered Office)

Plantation (City), Florida 33324 (Zip Code)

96 AUG -9 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Mary P Adams
(Agent must sign on this line) Mary P Adams, Asst Secy.

8. One Burton Hills Boulevard, Suite 350, 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	SPECIFIC ADDRESS
AmSurg Hallandale, Inc.	One Burton Hills Boulevard, Suite 350 Nashville, TN 37215

10. One Burton Hills Boulevard, Suite 350, 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 cancelled or withdrawn.

12. [illegible], Nashville, TN 37215
(Mailing Address of Limited Partnership)

This 2nd day of August, 19 96.

X [illegible]
General Partner

STATE OF

COUNTY OF

THE FOREGOING instrument was acknowledged and sworn to before me this 2nd day of August, 19 96, by Claire M. Gulmi of
(Name of General Partner)
The Hallandale Surgery ASC, L.P., a Tennessee
(Name of Limited Partnership)
Limited Partnership.

Kathleen P. Sellers
Notary Public

State of Tennessee at Large

(SEAL) My Commission Expires: 11/27/99

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 AUG -9 AM 11:09

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME the undersigned personally appeared _____, *a general partner of* _____, *a (an)* _____ *limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:*

"The Hallandale Surgery Ctr., L.P."

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

This 2nd day of August, 1996.

FURTHER AFFIANT SAYETH NOT.

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

96 AUG -9 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

_____
General Partner

State of Tennessee
County of Davidson
Date 8/2/96

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 Claire M. Bulmer *(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 2nd day of August, 1996.

_____
Notary Public

Seal

State of Tennessee at Large My commission expires: 11/27/99