



B97000000121

ACCOUNT NO. : 072100000032
 REFERENCE : 445380 4334907
 AUTHORIZATION : *Patricia Piguto*
 COST LIMIT : \$ 52.50

FILED
 01 AUG 27 PM 1:32
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

ORDER DATE : August 27, 2001
 ORDER TIME : 10:48 AM
 ORDER NO. : 445380-005
 CUSTOMER NO: 4334907

CORP INC

800004557548--9

CUSTOMER: Ms. Heather D. Naaktgeboren
 Hca The Healthcare Company
 Po Box 750
 One Park Plaza
 Nashville, TN 37203

FOREIGN FILINGS

NAME: COLUMBIA LONG TERM CARE
 FACILITY LIMITED PARTNERSHIP

 PROFIT
 NON-PROFIT

 CORPORATE
XX LIMITED PARTNERSHIP

RECEIVED
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 2001 AUG 27 AM 11:30
 NOT BE LOANED
 TO ACKNOWLEDGE
 SUFFICIENCY OF FILING

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

BK

CONTACT PERSON: Deborah Schroder -- EXT# 1118

EXAMINER: _____

CERTIFICATE OF AMENDMENT
TO
APPLICATION FOR REGISTRATION
OF

FILED
01 AUG 27 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

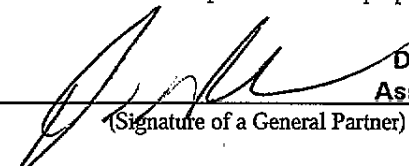
Columbia Long Term Care Facility Limited Partnership
(Insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.173, Florida Statutes, this foreign limited partnership hereby submits this certificate of amendment to its registration application:

The registration application is amended as follows:

1. The amendment to the certificate of limited partnership effected by this Certificate of Amendment is to delete Article "2." in its entirety and insert the following:

"2. NORTH MIAMI BEACH SURGERY CENTER LIMITED PARTNERSHIP
(Name under which limited partnership proposes to register in the state of Florida)"


David L. Denson
Assistant Secretary
(Signature of a General Partner)

of Columbia Destin Management, LLC the gp
(Typed or printed name of General Partner signing above)

STATE OF Tennessee

COUNTY OF Davidson

On this 21st day of August, 2001, David Denson personally appeared before me,

- who is personally known to me
- whose identity I proved on the basis of _____


(Notary Public Signature)

Faye Schrier
(Notary's Printed Name)

Seal

My Commission Expires: