

800-1142-850

LESSEE:

GREENVILLE AMBULATORY SURGICAL CENTER, a Limited Partnership

By: [Signature] SURGICAL AFFILIATES, INC

By: [Signature] Its Vice-President and Secretary

Its General Partner

[Signature]
[Signature]

08048

STATE OF SOUTH CAROLINA)
)
COUNTY OF GREENVILLE)

PROBATE

PERSONALLY appeared the undersigned witness and made oath that (s)he saw the within named Lessor, Gilreath/Small Development Co., a General Partnership, by its partners, sign, seal and as their act and deed deliver the within written Short Form Memorandum of Lease, and that (s)he, with the other witness subscribed above, witnessed the execution thereof.

[Signature]

SWORN to before me this
30 day of JANUARY, 1981.

[Signature] (SEAL)
Notary Public for South Carolina
My Commission expires: 11/21/90

STATE OF SOUTH CAROLINA)
)
COUNTY OF GREENVILLE)

PROBATE

PERSONALLY appeared the undersigned witness and made oath that (s)he saw the within named Lessee, Greenville Ambulatory Surgical Center, a Limited Partnership, by Surgical Affiliates, Inc., its General Partner, sign, seal and as its act and deed deliver the within written Short Form Memorandum of Lease, and that (s)he, with the other witness subscribed above, witnessed the execution thereof.

[Signature]

SWORN to before me this
30 day of JANUARY, 1981.

[Signature] (SEAL)
Notary Public for South Carolina
My Commission expires: 11/21/90

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