

2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A01000000047

FILED
May 28, 2009
Secretary of State

Entity Name: AMBULATORY SURGERY CENTER OF MARION COUNTY, LLLP

Current Principal Place of Business:

2207 SW 1ST AVE
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

2207 SW 1ST AVE
OCALA, FL 34474

New Mailing Address:

FEI Number: 59-3739317

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAWAD, MUHAMMAD A M.D.
SOUTH PINE MEDICAL PARK
2820 S.E. THIRD COURT, SUITE ONE
OCALA, FL 34471 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

GENERAL PARTNER INFORMATION:

Document #:

Name: JAWAD, MUHAMMAD A M.D.

Address: 2820 S.E. 3RD COURT, SUITE ONE

City-St-Zip: OCALA, FL 34471

Document #:

Name: ZEINI, MAMDOUH H M.D.PHD

Address: 936 BICHARA BLVD.

City-St-Zip: LADY LAKE, FL 32159

Document #:

Name: HAMED, LATIF M.D.

Address: 3230 S.W. 33RD ROAD

City-St-Zip: OCALA, FL 34474

ADDRESS CHANGES ONLY:

Address:

City-St-Zip:

Address:

City-St-Zip:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MUHAMMAD Z. A. JAWAD

Electronic Signature of Signing General Partner

05/28/2009

Date