

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # A01000000188**

1. Entity Name  
**DESTIN SURGERY CENTER, LTD.**

**FILED**  
**02 MAR 14 PM 4: 25**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business      Mailing Address  
**4485 FURLING LANE**      **151 REGIONS WAY, SUITE D. BLDG. 1**  
**DESTIN FL 32541**      **DESTIN FL 32541**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**DUE BY MAY 1, 2002**

4. FEI Number **59-3723179**      Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BURDEN, WILLIAM R**  
**151 REGIONS WAY, SUITE D, BLDG. 1**  
**DESTIN FL 32541**

**7. Name and Address of New Registered Agent**

Name **Wesley E. Battiste**  
Street Address (P.O. Box Number is Not Acceptable)  
**4485 Furling Lane**  
City **Destin** FL Zip Code **32541**

8. 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      DATE **2/12/02**

9. Capital Contributions as Shown on record. **\$65,100.00**      10. Amount of Capital Contributions in FLORIDA to date. **\$145,100.00**

**11. MAKE CHECK PAYABLE TO DEPT. OF STATE**  
**SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

**12. GENERAL PARTNER INFORMATION**

**13. ADDRESS CHANGES ONLY**

DOCUMENT # **P01000013166**  
NAME **DESTIN SURGICAL MANAGEMENT, INC.**  
STREET ADDRESS **151 REGIONS WAY, SUITE D, BLDG. 1**  
CITY-ST-ZIP **DESTIN FL 32541**

STREET ADDRESS **4485 Furling Lane**  
CITY-ST-ZIP **Destin, FL 32541**

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**700005135177--6**  
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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      DATE **2/12/02**      Daytime Phone # **850 654-1194**

CR2E003 (9/01)