


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

FILED

2005 MAY -5 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A0100000188  
1. Entity Name  
DESTIN SURGERY CENTER, LTD.



Principal Place of Business: 4485 FURLING LANE, DESTIN, FL 32541  
Mailing Address: 15305 DALLAS PARKWAY SUITE 1600, ADDISON, TX 75001

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State: \_\_\_\_\_  
City & State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Zip: \_\_\_\_\_ Country: \_\_\_\_\_

03172005 Chg-LP CR2E003 (10/03)  
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  
BATTISTE, WESLEY E  
4485 FURLING LANE  
DESTIN, FL 32541

7. Name and Address of New Registered Agent

Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
City: \_\_\_\_\_ FL Zip Code: \_\_\_\_\_

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record: \$145,100.00  
10. Amount of Capital Contributions in FLORIDA to date: 526.25

**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	STREET ADDRESS	
NAME	DESTIN SURGICAL MANAGEMENT, INC.	CITY-ST-ZIP	
STREET ADDRESS	4485 FURLING LANE		
CITY-ST-ZIP	DESTIN, FL 32541		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

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\$526.25

STAPLE CHECK HERE

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: Alex Jenkins, Asst. Sec. of General Partner  
4/14/05 (972) 713-3714  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #