


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Feb 29, 2008 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



02062008 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3723179	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BATTISTE, WESLEY E
 4485 FURLING LANE
 DESTIN, FL 32541**

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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

DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P01000013166 DESTIN SURGICAL MANAGEMENT, INC. 15305 DALLAS PARKWAY #1600 ADDISON, TX 75001
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 03/12/08-80020-002 500.00

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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* *Destin Surgical Management, Inc* *(972)*
 Alex Jenkins 2/21/08 713-3514

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE