FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
#263.75 WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 FEB -3 PM 1:02

1. Name of Limited Partnership

1a. DOCUMENT # A32908

AMBULATORY SURGICAL CENTRE OF MIAMI, LTD.

Mailing Address	Principal Office Address
C/O NATIONAL SURGERY CENTERS 30 WACKER DRIVE SUITE 2902 CHICAGO IL 60606	8700 NORTH KENDALL DRIVE SUITE 100 MIAMI FL 33176

2. Mailing Address: C/O Healthsouth Corporation
Suite, Apt. #, etc: PO. Box 380546
City & State: Birmingham AL
Zip: 35238 Country:

2a. Principal Office Address
Suite, Apt. #, etc:
City & State:
Zip: Country:

3. Date Formed or Registered: 05/04/1992
3a. Date of Last Report: 01/02/1998
4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record: $25,000.00
5b. Amount of Capital Contributions in FLORIDA to date: 25,000

6. FEI Number: 65-0329755 ☐ Applied For ☐ Not Applicable

7. Certificate of Status Desired ☐ $8.75 Additional Fee Required

8. Make check payable to Dept. of State. See reverse side for fee information.

9. Name and Address of Current Registered Agent

RENEE BOUGHTON
8700 NORTH KENDALL DRIVE
SUITE 100
MIAMI FL 33176

10. If changed, new Registered Agent/Office

Name: CT Corporation System
Street Address (P.O. Box Number Is Not Acceptable): 1200 South Pine Island Road
Suite, Apt. #, etc:
City: Plantation FL Zip Code: 33324

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment): JENNIFER FAULTMAN ASSISTANT SECRETARY DATE: 1/29/99

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
NSC MIAMI, INC.	8700 NORTH KENDALL DR	MIAMI FL	V32294

2-4-99

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE: Richard E. Betts DATE: 1/22/99

Typed or Printed Name of General Partner Signing Form: Richard E Betts : Vice President Daytime Telephone Number: (305) 596-7116

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