

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 NOV 18 AM 9:00

1. Name of Limited Partnership

1a. DOCUMENT #
A95000000611

BETHESDA WEST SURGERY CENTER, LTD.



Mailing Address

**2815 SOUTH SEACREST BLVD.
BOYNTON BEACH FL 35435**

Principal Office Address

**2815 SOUTH SEACREST BLVD.
BOYNTON BEACH FL 35435**

3. Date Formed or Registered

04/14/1995

5a. Capital Contributions as
Shown on record.

\$375,000.00

3a. Date of Last Report

01/03/1996

5b. Amount of Capital
Contributions in FLORIDA
to date:

\$1,000.00

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. State or Country of Formation

FL

6. FFL Number

**APPLIED FOR
65-0632740**

☐ 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

**STRAWN, JOEL T ESQ.
C/O STRAWN & MONAGHAN, P.A.
54 N.E. FOURTH AVENUE
DELRAY BEACH FL 33483**

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

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)

DATE

**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)

BETHESDA WEST AMBULATORY SUR

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

2815 SOUTH SEACREST BLVD

11b. City, State & Zip Code

BOYNTON BEACH FL 35435

11c. Registration/
Document Number

**-P95000005896
P93000085896**

3000002018503-16
-12/03/96-01144-005
***191.25 ***191.25

KWM

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

Robit B. Nell

DATE

10-30-96

Typed or Printed Name of General Partner Signing Form

Bethesda West Ambulatory Surgery Center, Inc. (561) 737-7733

CP25003 (6/96)