

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

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TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

1. Name of Limited Partnership

1a. **DOCUMENT #**
A96000002075

FDS, Ltd.
d/b/a Day Surgery

12/26

Mailing Address

Principal Office Address

3. Date Formed or Registered

11/7/96

5a. Capital Contributions as Shown on records

\$100

3a. Date of Last Report

5b. Amount of Capital Contributions in FLORIDA to date

\$100.00

4. State or Country of Formation

Florida

2. Mailing Address

c/o National Surgery Centers
30 South Wacker Drive

2a. Principal Office Address

1715 SE Tiffany Avenue

Suite, Apt. #, etc.

Suite 2302

Suite, Apt. #, etc.

6. FEI Number

65-0707875

Applied For
 Not Applicable

City & State

Chicago, IL

City & State

Port St. Lucie, FL

7. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

60606

Country

Cook

Zip

34985

Country

Port St. Lucie

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

9. Name and Address of Current Registered Agent

Eileen Gorman
1715 SE Tiffany Avenue
Port St. Lucie, FL 34985

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)

NSC Port St. Lucie, Inc.

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

1715 SE Tiffany Avenue

11b. City, State & Zip Code

**Port St. Lucie, FL
34985**

11c. Registration/Document Number

P96000074064

400002040024--4
-12/27/96--01123--006
*****200.00 ***200.00**

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

DATE

John Rex-Waller

(312) 553-4200

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/96)