

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 APR -7 AM 11:11



1. Name of Limited Partnership DAY SURGERY, LTD.	1a. DOCUMENT # A96000002075
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Mailing Address 35 EAST WACKER DRIVE, SUITE 2000 CHICAGO IL 60601	Principal Office Address 1715 SE TIFFANY AVENUE PORT ST. LUCIE FL 34985	3. Date Formed or Registered 11/07/1996	5a. Capital Contributions as Shown on record. \$1,000.00
2. Mailing Address 30 South Wacker Drive	2a. Principal Office Address Suite, Apt. #, etc.	3a. Date of Last Report 12/17/1996	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc. Suite 2302	Suite, Apt. #, etc.	4. State or Country of Formation FL	
City & State Chicago, IL 60606	City & State	6. FEI Number 65-0707875	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip Country	Zip Country	7. Certificate of Status Desired <input type="checkbox"/> \$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 GORMAN, EILEEN 1715 SE TIFFANY AVENUE PORT ST. LUCIE FL 34985	10. If changed, new Registered Agent/Office Name FF \$526.25 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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 349	11c. Registration/Document Number P96000074064
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****541.25 ****541.25
OR US

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 *Bryan S. Fisher* DATE 12/29/97
Typed or Printed Name of General Partner Signing Form Bryan S. Fisher Daytime Telephone Number _____

CR2E003 (6/97)