

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

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Moriham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
03 APR -2 PM 5:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership  <b>PHYSICIAN'S CHOICE MANAGEMENT, LTD.</b>	1a. DOCUMENT # <b>A98000001103</b>
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Mailing Address 1435 DIVISION AVENUE OCOEE FL 34762	Principal Office Address 1435 DIVISION AVENUE OCOEE FL 34762	3. Date Formed or Registered <b>04/30/1998</b>	5a. Capital Contributions as shown on Form 942 <b>\$500,000</b>
2. Mailing Address 7003 Chadwick Drive Suite, Apt. #, etc. Suite 321 City & State Brentwood TN Zip Country 37027 USA	2a. Principal Office Address 1435 Division Ave Suite, Apt. #, etc. City & State Ocoee FL Zip Country 34761 USA	3a. Date of Last Report  4. State or Country of Formation <b>FL</b>	5b. Amount of Capital Contributions in FLORIDA to date <b>\$500,000</b>
		6. FEI Number <b>62-1750988</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
		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  <b>ROBINSON, RICHARD M 201 EAST PINE STREET SUITE 1200 ORLANDO FL 32801</b>	10. If changed, new Registered Agent/Office Name <b>Patrick Hunter</b> Street Address (P.O. Box Number Is Not Acceptable) <b>100 West Gore Street</b> Suite, Apt. #, etc. <b>Suite 405</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32806</b>
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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) *[Signature]* DATE **11/10/98**

**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
<b>PHYSICIAN'S CHOICE SURGERY C</b>	<b>1435 DIVISION AVENUE</b>	<b>OCOEE FL 34762</b>	<b>P97000029212</b>

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*[Signature]*  
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**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 *[Signature]* DATE **11/10/98**

By: **Physician's Choice Surgery Center, Inc.** Telephone Number **(407) 839-1155**  
 Patrick Hunter, President

CR2E003 (8/98)