

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 FEB -8 AM 10:44

DOCUMENT # A01000000047 1. Entity Name AMBULATORY SURGERY CENTER OF MARION COUNTY, LLLP					
Principal Place of Business 2207 SW 1ST AVE OCALA, FL 34474			Mailing Address 2207 SW 1ST AVE OCALA, FL 34474		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01312006 Chg-LP CR2E003 (11/05)	
4. FEI Number 59-3739317				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JAWAD, MUHAMMAD A M.D. SOUTH PINE MEDICAL PARK 2820 S.E. THIRD COURT, SUITE ONE OCALA, FL 34471			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00					
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	JAWAD, MUHAMMAD A M.D.		CITY - ST - ZIP		
STREET ADDRESS	2820 S.E. 3RD COURT, SUITE ONE				
CITY - ST - ZIP	OCALA, FL 34471				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	CHANDRA, RAY M.D. <i>Remove</i>		CITY - ST - ZIP		
STREET ADDRESS	2820 S.E. 3RD COURT, SUITE ONE				
CITY - ST - ZIP	OCALA, FL 34471				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	ZEINI, MAMDOUH H M.D.PHD		CITY - ST - ZIP		
STREET ADDRESS	936 BICHARA BLVD.				
CITY - ST - ZIP	LADY LAKE, FL 32159				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	HAMED, LATIF M.D.		CITY - ST - ZIP		
STREET ADDRESS	3230 S.W. 33RD ROAD				
CITY - ST - ZIP	OCALA, FL 34474				
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY - ST - ZIP		
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CITY - ST - ZIP					
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NAME			CITY - ST - ZIP		
STREET ADDRESS					
CITY - ST - ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: <i>M. J. Jawad MD</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			1/31/06 (352) 351-1200 <small>Date Daytime Phone #</small>		

STAPLE CHECK HERE