
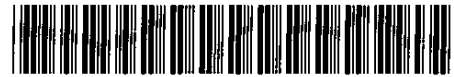


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Feb 13, 2007 08:00 AM
Secretary of State

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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E003 (10/06)

4. FEI Number 59-3739317		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JAWAD, MUHAMMAD A M.D. SOUTH PINE MEDICAL PARK 2820 S.E. THIRD COURT, SUITE ONE OCALA FL 34471		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 #	JAWAD, MUHAMMAD A M.D.	STREET ADDRESS	
NAME	2820 S.E. 3RD COURT, SUITE ONE	CITY - ST - ZIP	
STREET ADDRESS	OCALA FL 34471		
CITY - ST - ZIP			
DOCUMENT #	ZEINI, MAMDOUH H M.D.PHD	STREET ADDRESS	
NAME	936 BICHARA BLVD.	CITY - ST - ZIP	
STREET ADDRESS	LADY LAKE FL 32159		
CITY - ST - ZIP			
DOCUMENT #	HAMED, LATIF M.D.	STREET ADDRESS	
NAME	3230 S.W. 33RD ROAD	CITY - ST - ZIP	
STREET ADDRESS	OCALA FL 34474		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/2/07

Date

Daytime Phone #

STAPLE CHECK HERE