

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Mar 03, 2008 08:00 A
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**



02262008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3739317

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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**

**DO NOT WRITE
IN THIS SPACE**

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 \$500.00
After May 1, 2008, 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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**JAWAD, MUHAMMAD A M.D.
2820 S.E. 3RD COURT, SUITE ONE
OCALA, FL 34471**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**ZEINI, MAMDOUH H M.D.PHD
936 BICHARA BLVD.
LADY LAKE, FL 32159**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**HAMED, LATIF M.D.
3230 S.W. 33RD ROAD
OCALA, FL 34474**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000845819
03/18/08-80003-009 500.00

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

STAPLE CHECK HERE