

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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  
P.O. BOX 2346  
OCALA FL 34478

FILED

2003 JAN 24 PM 1:15

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

2207 SW 1st Ave

Suite, Apt. #, etc.

Ocala

City & State

FL SW

Zip  
34474

Country

DUE BY MAY 1, 2003

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

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

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

DATE

9. Capital Contributions  
as Shown on record.

\$40,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

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  
CITY-ST-ZIP  
JAWAD, MUHAMMAD A M.D.  
2820 S.E. 3RD COURT, SUITE ONE  
OCALA FL 34471

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
HAMED, LATIF M.D.  
3233 S.W. 33RD ROAD, STE. 202  
OCALA FL 34474

STREET ADDRESS

CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

1/22/03 (352) 351-1200

0016142 AT

CR2E003 (10/02)