

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000000188

1. Entity Name

DESTIN SURGERY CENTER, LTD.

FILED

02 MAR 14 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4485 FURLING LANE
DESTIN FL 32541

Mailing Address

151 REGIONS WAY, SUITE D, BLDG. 1
DESTIN FL 32541



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

59-3723179

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURDEN, WILLIAM R
151 REGIONS WAY, SUITE D, BLDG. 1
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name

Wesley E. Battiste

Street Address (P.O. Box Number is Not Acceptable)

4485 Furling Lane

City

Destin

FL

Zip Code

32541

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.

SIGNATURE

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

2/12/02

DATE

9. Capital Contributions
as Shown on record.

\$65,100.00

10. Amount of Capital Contributions

in FLORIDA to date. \$145,100.00

11. MAKE CHECK PAYABLE TO 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

DOCUMENT # P01000013166
NAME DESTIN SURGICAL MANAGEMENT, INC.
STREET ADDRESS 151 REGIONS WAY, SUITE D, BLDG. 1
CITY-ST-ZIP DESTIN FL 32541

13. ADDRESS CHANGES ONLY

STREET ADDRESS

4485 Furling Lane

CITY-ST-ZIP

Destin, FL 32541

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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 #

2/12/02

850 654-1194

CR2E003 (9/01)