

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000001364

1. Entity Name

SARASOTA SURGICARE, LTD.

FILED

02 MAR -6 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WJH

Principal Place of Business
4135 SOUTH TAMiami TRAIL
SARASOTA FL 34239

Mailing Address
~~17400 PRESTON ROAD, SUITE 200-N~~
~~DALLAS TX 75248~~
15305 Dallas Pkwy #1600
LB28 Addison, TX 75001



2. Principal Place of Business

3. Mailing Address

15305 Dallas Pkwy
#1600, LB28

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Addison, TX

Zip

Country

Zip

Country

75001

4. FEI Number

75-2957240

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$4,360,571.00

10. Amount of Capital Contributions
in FLORIDA to date.

same

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 # P01000094186
NAME USP SARASOTA, INC.
STREET ADDRESS 17103 PRESTON ROAD, SUITE 200-N
CITY-ST-ZIP DALLAS TX 75248

13. ADDRESS CHANGES ONLY

STREET ADDRESS 15305 Dallas Pkwy #1600
CITY-ST-ZIP Addison, TX 75001

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
7000005107237--2
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/27/02 972-713-3578

Date

Daytime Phone #

0017228 AT

CR2E003 (9/01)

STAPLE CHECK HERE