

2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000001364

1. Entity Name  
SARASOTA SURGICARE, LTD.



Principal Place of Business  
4135 SOUTH TAMiami TRAIL  
SARASOTA FL 34239

Mailing Address  
15305 DALLAS PKWY. #1600. LB28  
ADDISON TX 75001

FILED  
03 MAR 31 PM 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number 75-2957240

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

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

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. \$4,360,571.00

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 # P01000094186  
NAME USP SARASOTA, INC.  
STREET ADDRESS 15305 DALLAS PKWY, #1600  
CITY-ST-ZIP ADDISON TX 75001

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

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: Alexander J. DeArce USP Sarasota, Inc.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date 3/20/03 972.713.3514  
Daytime Phone #

CR2E003 (10/02)