

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 2007 APR 30 AM 10:21
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A02000001561	
1. Entity Name ASC GAMMA PARTNERS, LTD.	



Principal Place of Business 4726 N. HABANA AVE, SUITE 204 TAMPA, FL 33614	Mailing Address 4726 N. HABANA AVE, SUITE 204 TAMPA, FL 33614
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2. Principal Place of Business - No P.O. Box # 11801 SW 90th St.		3. Mailing Address 5501 W. Gray St	
Suite, Apt. #, etc. 202		Suite, Apt. #, etc.	
City & State Miami, FL		City & State Tampa FL	
Zip 33186	Country US	Zip 33609	Country US

03282007 Chg-LP CR2E003 (12/06)

4. FEI Number 43-1961039		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. 401 E. JACKSON STREET, SUITE 1700 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 Joe Rugg DATE 4/17/07

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L05000093814 SURGERY PARTNERS OF WEST KENDALL, LLC 4726 NORTH HABANA AVENUE, SUITE 204 TAMPA, FL 33602	STREET ADDRESS CITY-ST-ZIP	5501 W. Gray St. Tampa FL 33609
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	700101855127 05/08/07--01042--016 **\$900.00
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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: Scott Lowe DATE 4/17/07 DAYTIME PHONE # 813 569-6500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE