

2007 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A03000001328

FILED
Apr 23, 2007
Secretary of State

Entity Name: HALLANDALE OUTPATIENT SURGICAL CENTER, LTD.

Current Principal Place of Business:

C/O LANCE J. LEHMANN
3990 SHERIDAN ST., STE. 103
HOLLYWOOD, FL 33021

New Principal Place of Business:

C/O LANCE J. LEHMANN
306 E. HALLANDALE BEACH BLVD.
HALLANDALE BEACH, FL 33009

Current Mailing Address:

329 GRANELLO AVENUE
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 20-0244303

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES REGISTERED AGENTS, INC.
329 GRANELLO AVENUE
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

GENERAL PARTNER INFORMATION:

Document #: L03000033787
Name: L.J.L. HALLANDALE SURGICAL GP, L.L.C.
Address: 3990 SHERIDAN ST., STE. 103
City-St-Zip: HOLLYWOOD, FL 33021

ADDRESS CHANGES ONLY:

Address: 306 E. HALLANDALE BEACH BLVD.
City-St-Zip: HALLANDALE BEACH, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LANCE LEHMANN

GP

04/23/2007

Electronic Signature of Signing General Partner

Date