

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A03000001328

**FILED**  
**Mar 20, 2010**  
**Secretary of State**

**Entity Name:** HALLANDALE OUTPATIENT SURGICAL CENTER, LTD.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

420 S. DIXIE HIGHWAY  
4B  
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: 306 E. HALLANDALE BEACH BLVD.  
City-St-Zip: HALLANDALE BEACH, FL 33009

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby 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

03/20/2010

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date