

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A03000001536

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Entity Name:** THE SURGICAL CENTER FOR EXCELLENCE LLLP

**Current Principal Place of Business:**

202 DOCTORS DR.  
PANAMA CITY, FL 32405

**New Principal Place of Business:**

**Current Mailing Address:**

202 DOCTORS DR.  
PANAMA CITY, FL 32405

**New Mailing Address:**

**FEI Number:** 74-3107832

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GULF COAST SURGICAL MANAGEMENT, INC.  
202 DOCTORS DRIVE  
PANAMA CITY, FL 32405 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 #: P03000119166  
Name: GULF COAST SURGICAL MANAGEMENT, INC.  
Address: 202 DOCTORS DR.  
City-St-Zip: PANAMA CITY, FL 32405

**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: DANIEL C. DAUBE, JR.

DR.

01/10/2012

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

\_\_\_\_\_  
Date