

# **2005 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A04000000572

**FILED**  
**Apr 29, 2005**  
**Secretary of State**

**Entity Name:** MIAMI LAKES SURGERY CENTER, LTD.

**Current Principal Place of Business:**

ONE PARK PLAZA  
NASHVILLE, TN 37203

**New Principal Place of Business:**

ONE PARK PLAZA  
NASHVILLE, TN 37203 US

**Current Mailing Address:**

ONE PARK PLAZA  
NASHVILLE, TN 37203

**New Mailing Address:**

PO BOX 750  
NASHVILLE, TN 37203 US

**FEI Number:** 20-0988453

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

**Capital Contributions as Shown on record:** 1,000.00

**Amount of Capital Contributions in Florida to date:** 1,000.00

**GENERAL PARTNER INFORMATION:**

**ADDRESS CHANGES ONLY:**

Document #: L04000026435  
Name: SURGICARE OF MIAMI LAKES, LLC  
Address: ONE PARK PLAZA  
City-St-Zip: NASHVILLE, TN 37203

Address:  
City-St-Zip: NASHVILLE, TN 37203 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DORA A. BLACKWOOD, VP OF GENERAL PARTNER

VPAS

04/29/2005

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

\_\_\_\_\_  
Date