

2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A04000000572

FILED
Apr 16, 2009
Secretary of State

Entity Name: MIAMI LAKES SURGERY CENTER, LTD.

Current Principal Place of Business:

ONE PARK PLAZA
NASHVILLE, TN 37203 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 750
NASHVILLE, TN 37203 US

New Mailing Address:

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

GENERAL PARTNER INFORMATION:

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

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

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

VPS

04/16/2009

_____ Electronic Signature of Signing General Partner

_____ Date