

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 07, 2006 08:00 AM
Secretary of State

| | | | | | |
|---|--------------------------|---------|--|--|--|
| DOCUMENT # A04000001213 | | | | | |
| 1. Entity Name MURDOCK AMBULATORY SURGERY CENTER, LTD., LLP | | | | | |
| Principal Place of Business 1420 EDUCATION WAY PORT CHARLOTTE, FL 33948 | | | Mailing Address P.O. BOX 494997 PORT CHARLOTTE, FL 33949 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 03232006 Chg-LP CR2E003 (11/05) | |
| 4. FEI Number 20-1543128 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| KAHLE, GARY A 99 NESBIT STREET PUNTA GORDA, FL 33950 | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | | |
| FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 | | | | | |
| A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. | | | | | |
| 12. GENERAL PARTNER INFORMATION | | | 13. ADDRESS CHANGES ONLY | | |
| DOCUMENT # | GP0400001827 | | STREET ADDRESS | | |
| NAME | LGBBGH HOLDINGS, LLP | | CITY-ST-ZIP | | |
| STREET ADDRESS | 1420 EDUCATION WAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | PORT CHARLOTTE, FL 33948 | | CITY-ST-ZIP | | |
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| 14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: | | | RAJA S. MUPPARAPU 4/3/06 (941) 96-231- | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | | | <small>Date Daytime Phone #</small> | | |



STAPLE CHECK HERE