

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A04000001213

**FILED**  
**Jan 09, 2009**  
**Secretary of State**

**Entity Name:** MURDOCK AMBULATORY SURGERY CENTER, LTD., LLP

**Current Principal Place of Business:**

1420 EDUCATION WAY  
PORT CHARLOTTE, FL 33948

**New Principal Place of Business:**

1400 EDUCATION WAY  
PORT CHARLOTTE, FL 33948

**Current Mailing Address:**

P.O. BOX 494997  
PORT CHARLOTTE, FL 33949

**New Mailing Address:**

1400 EDUCATION WAY  
PORT CHARLOTTE, FL 33948

**FEI Number:** 20-1543128

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KAHLE, GARY A  
99 NESBIT STREET  
PUNTA GORDA, FL 33950 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 #: GP0400001827  
Name: LGBBGH HOLDINGS, LLP  
Address: 1420 EDUCATION WAY  
City-St-Zip: PORT CHARLOTTE, FL 33948

**ADDRESS CHANGES ONLY:**

Address: 1400 EDUCATION WAY  
City-St-Zip: PORT CHARLOTTE, FL 33948

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: RAJA MUPPAVARAPU

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

01/09/2009

\_\_\_\_\_  
Date