2008 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2008 **DOCUMENT # A0400001451** 1. Entity Name CAPE SURGERY CENTER, L.P. Principal Place of Business Mailing Address 15305 DALLAS PARKWAY 15305 DALLAS PARKWAY **SUITE 1600 SUITE 1600** ADDISON, TX 75001 ADDISON, TX 75001

FILED Feb 28, 2008 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

02062008 No Chg-LP CR2E003 (12/06)

4. FEI Number Applied For 20-1607888 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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	Signature, typed or printed name of registered agent and title if applicable.	DATE
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00		
C*GEE VET FOUR	; A GENERAL PARTNER THAT IS A BUSINESS ENTI	TY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. form; an amendment must be filed to change a general partner.
12:"' - 11 -	GENERAL PARTNER INFORMATION	在1000年10日前的《周日》是最大的自己的"在一种"的影響的影響地。
DOCUMENT # NAME ' STREET ADDRESS CITY-ST-ZIP	CHC/USP SURGERY CENTERS, LLC 15305 DALLAS PARKWAY ADDISON, TX 75001	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		U00000842941
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		03/11/08-80048-023 500.00 DO NOT WRITE
DOCUMENT # NAME STREET ADDRESS CITY+ST-ZIP		IN THIS SPACE
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		
. DOCUMENT # NAME . STREET ADDRESS CITY-ST-ZIP		
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		

CHC/USP Surgery Centers, LLC

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER