

2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A04000001900

FILED
Apr 16, 2009
Secretary of State

Entity Name: AMBULATORY SURGERY CENTER OF BOCA RATON, LTD.

Current Principal Place of Business:

1905 CLINT MOORE RD
SUITE 300
BOCA RATON, FL 33496 US

New Principal Place of Business:

Current Mailing Address:

1905 CLINT MOORE ROAD
SUITE 300
BOCA RATON, FL 33496 US

New Mailing Address:

FEI Number: 20-2386540

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AHRON, BARRY
2790 N FEDERAL HIGHWAY
SUITE 400
BOCA RATON, FL 33431 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 #: P04000162556
Name: AMBULATORY SURGERY CENTER OF BOCA RATON GP
Address: 1905 CLINT MOOR ROAD STE 300
City-St-Zip: BOCA RATON, FL 33496 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: KEVIN J. KESSLER

PRES

04/16/2009

Electronic Signature of Signing General Partner

Date