


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A05000000543						<p align="center">06 MAY -1 AM 9:38</p> <p align="center">SECRETARY OF STATE TALLAHASSEE FLORIDA</p>			
1. Entity Name NEW TAMPA SURGERY CENTER, LTD.									
Principal Place of Business 4726 NORTH HABANA AVENUE, SUITE 204 TAMPA, FL 33614				Mailing Address 4726 NORTH HABANA AVENUE, SUITE 204 TAMPA, FL 33614					
2. Principal Place of Business				3. Mailing Address					
Suite, Apt. #, etc.				Suite, Apt. #, etc.					
City & State				City & State					
Zip		Country		Zip		Country			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
RUGG, JOSEPH 100 SOUTH ASHLEY DRIVE, SUITE 1500 TAMPA, FL 33602				Name <u>American Information Services, Inc.</u> Street Address (P.O. Box Number is Not Acceptable) <u>401 E. JACKSON ST. Suite 1700</u> City <u>Tampa</u> FL Zip Code <u>33602</u>					
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 <u>Joseph Rugg</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>4/24/06</u>					
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 # <u>L04000036285</u> NAME <u>SURGERY PARTNERS, LLC</u> STREET ADDRESS <u>4703 NORTH ARMENIA AVENUE</u> CITY - ST - ZIP <u>TAMPA, FL 33603</u>				STREET ADDRESS <u>4726 N. Habana Ave Ste 204</u> CITY - ST - ZIP <u>Tampa, FL 33614</u>					
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP				STREET ADDRESS CITY - ST - ZIP					
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP				STREET ADDRESS CITY - ST - ZIP					
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP				STREET ADDRESS CITY - ST - ZIP					
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP				STREET ADDRESS CITY - ST - ZIP					
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP				STREET ADDRESS CITY - ST - ZIP					
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP				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									
SIGNATURE: <u>Scott Lowe</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				DATE <u>4/24/06</u>				Daytime Phone # <u>813 569-6500</u>	

STAPLE CHECK HERE