

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 30 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03282007 Chg-LP CR2E003 (12/06)

DOCUMENT # A05000000543	
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
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2. Principal Place of Business - No P.O. Box # Blvd 2407 Cypressridge	3. Mailing Address 5501 W. Gray St
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Wesley Chapel, FL	City & State Tampa FL
Zip 33543	Zip 33609
Country US	Country US

6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. 401 EAST JACKSON STREET, SUITE 1700 TAMPA, FL 33602	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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>Joe Rugg</u> DATE <u>4/17/07</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	
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FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00
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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 # NAME STREET ADDRESS CITY-ST-ZIP	L04000036285 SURGERY PARTNERS, LLC 4726 NOTH HABANA AVENUE SUITE 204 TAMPA, FL 33614	STREET ADDRESS CITY-ST-ZIP	5501 W. Gray St. Tampa FL 33609
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	600101855226 05/08/07--01042--018 **500.00
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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: <u>Scott Lowe</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	DATE: <u>4/17/07</u> DAYTIME PHONE #: <u>813569-6500</u>

STAPLE CHECK HERE