

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A05000000543

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** NEW TAMPA SURGERY CENTER, LTD.

**Current Principal Place of Business:**

2407 CYPRESS RIDGE BLVD  
WESLEY CHAPEL, FL 33543 US

**New Principal Place of Business:**

2407 CYPRESS RIDGE BLVD  
WESLEY CHAPEL, FL 33544 US

**Current Mailing Address:**

5501 W. GRAY STREET  
TAMPA, FL 33609 US

**New Mailing Address:**

**FEI Number:** 43-2084719      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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 #: L04000036285  
Name: SURGERY PARTNERS, LLC  
Address: 5501 W. GRAY STREET  
City-St-Zip: TAMPA, FL 33609 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: MIKE DOYLE

GP

04/30/2009

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

\_\_\_\_\_  
Date