

2007 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A05000000565

FILED
Jan 05, 2007
Secretary of State

Entity Name: PARKCREEK SURGERY CENTER, LLLP

Current Principal Place of Business:

2229 NORTH COMMERCE PARKWAY
SUITE 100
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

2229 NORTH COMMERCE PARKWAY
SUITE 100
WESTON, FL 33326

New Mailing Address:

FEI Number: 35-2250279

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVID J. POWERS, P.A.
7777 GLADES ROAD SUITE 300
BOCA RATON, FL 33326 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 #: L05000027748
Name: PARKCREEK GENERAL PARTNER, LLC
Address: 2229 NORTH COMMERCE PARKWAY
City-St-Zip: WESTON, FL 33326

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHARD FAMIGLIETTI

GP

01/05/2007

Electronic Signature of Signing General Partner

Date