

2011 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A05000000565

FILED
Feb 18, 2011
Secretary of State

Entity Name: PARKCREEK SURGERY CENTER, LLLP

Current Principal Place of Business:

6806 N STATE ROAD 7
COCONUT CREEK, FL 33073

New Principal Place of Business:

Current Mailing Address:

6806 N STATE ROAD 7
COCONUT CREEK, FL 33073

New Mailing Address:

FEI Number: 35-2250279

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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: 6806 N. STATE ROAD 7
City-St-Zip: COCONUT CREEK, FL 33073

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

I hereby 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: SAUL EPSTEIN

CFO

02/18/2011

Electronic Signature of Signing General Partner

Date