## 2010 LIMITED PARTNERSHIP ANNUAL REPORT

## DOCUMENT# A05000001455

FILED Apr 19, 2010 Secretary of State

Entity Name: SARASOTA AMBULATORY SURGERY CENTER, LTD.

Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
2821 PROC SARASOTA	OTOR RD A, FL 34231		5501 W GRAY ST TAMPA, FL 33609		
Current Mailing Address:			New Mailing Address	New Mailing Address:	
5501 W GR TAMPA, FL					
FEI Number:	20-3686491	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
515 EAST F	ECT AGENTS, I PARK AVENUE SEE, FL 3230				
The above in the State		ubmits this statement for the p	ourpose of changing its registered	l office or registered agent, or both	
SIGNATUR	RE:				
	Electronic	Signature of Registered Age	ent	Date	
GENERAL PARTNER INFORMATION:			ADDRESS CHANGES ONL	Y:	
Document #: Name: Address:	L05000105196 SURGERY PART 5501 W GRAY S	NERS OF SARASOTA, LLC T	Address:		

City-St-Zip:

TAMPA, FL 33609

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: MICHAEL DOYLE CEO 04/19/2010