2007 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A05000002044

Entity Name: UNIVERSITY PARK SURGERY CENTER, LLLP

FILED Apr 30, 2007 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | |
|--|---------------------------------|---|---------------------------------------|
| 6015 POINTE WEST BLV C/O JAMES NEEDHAM BRADENTON, FL 34209 | D. | | |
| Current Mailing Address: | | New Mailing Address: | |
| 6015 POINTE WEST BLV C/O JAMES NEEDHAM BRADENTON, FL 34209 | D. | | |
| FEI Number: 20-3793612 | 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: | |
| MOORE, JOHN L 200 SOUTH ORANGE AV SARASOTA, FL 34236 | ZENUE US | | |
| The above named entity si in the State of Florida. | ubmits this statement for the p | ourpose of changing its registered | d office or registered agent, or both |
| SIGNATURE: | | | |
| Electronic Signature of Registered Age | | ent | Date |
| GENERAL PARTNER INFORMATION: | | ADDRESS CHANGES ONL | Y : |
| Document #: L05000101544 | | | |

Name: SURGERY CENTER AT UNIVERSITY PARK, LLC

6015 POINTE WEST BLVD. Address: Address: City-St-Zip: BRADENTON, FL 34209 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: JAMES NEEDHAM CEO 04/30/2007