2007 LIMITED PARTNERSHIP ANNUAL REPORT

FILED
Apr 12, 2007
Secretary of State

DOCUMENT# A06000000420

Entity Name: SUNCOAST SPECIALTY SURGERY CENTER, LLLP

Current Principal Place of Business:

5305 GRAND BOULEVARD
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

4519 US HIGHWAY 19
NEW PORT RICHEY, FL 34652

Current Mailing Address:

5305 GRAND BOULEVARD
NEW PORT RICHEY, FL 34652

New Mailing Address:

4519 US HIGHWAY 19
NEW PORT RICHEY, FL 34652

FEI Number: 20-4570672 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROWAN, CAREY T M.D.
5305 GRAND BOULEVARD
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

ROWAN, CAREY T M.D.
4519 US HIGHWAY 19
NEW PORT RICHEY, FL 34652 US

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: CAREY T. ROWAN 04/12/2007
Electronic Signature of Registered Agent Date

GENERAL PARTNER INFORMATION:

Document #: L06000030184
Name: SUNCOAST SPECIALTY SURGERY HOLDINGS, LLC
Address: 5305 GRAND BOULEVARD
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDRESS CHANGES ONLY:

Address: 4519 US HIGHWAY 19
City-St-Zip: NEW PORT RICHEY, FL 34652

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: CAREY T. ROWAN P 04/12/2007
Electronic Signature of Signing General Partner Date