

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # A06000000420

1. Entity Name
SUNCOAST SPECIALTY SURGERY CENTER, LLLP



Principal Place of Business
4519 US HIGHWAY 19
NEW PORT RICHEY, FL 34652

Mailing Address
4519 US HIGHWAY 19
NEW PORT RICHEY, FL 34652



01032008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4570672	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable

UN0000051723
03/25/08-00052-008-500.00

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	L06000030184
NAME	SUNCOAST SPECIALTY SURGERY HOLDINGS, LLC
STREET ADDRESS	4519 US HIGHWAY 19
CITY- ST- ZIP	NEW PORT RICHEY, FL 34652

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/4/08 (727) 847-0889
Date Daytime Phone #

STAPLE CHECK HERE