2009 LIMITED PARTNERSHIP ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# A06000000420

Entity Name: SUNCOAST SPECIALTY SURGERY CENTER, LLLP

Current Principal Place of Business:

4519 US HIGHWAY 19
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

4519 US HIGHWAY 19
NEW PORT RICHEY, FL 34652

New Mailing Address:

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.
4519 US HIGHWAY 19
NEW PORT RICHEY, FL 34652 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 #: L06000030184
Name: SUNCOAST SPECIALTY SURGERY HOLDINGS, LLC
Address: 4519 US HIGHWAY 19
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDRESS CHANGES ONLY:

Address:
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: CAREY T ROWAN MGMP 03/30/2009

Electronic Signature of Signing General Partner Date