


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY 22 PM 3: 50

DOCUMENT # A07000000338	
1. Entity Name WESTCHASE SURGERY CENTER, LTD.	

Principal Place of Business 4726 NORTH HABANA AVENUE, SUITE 204 TAMPA, FL 33614	Mailing Address 4726 NORTH HABANA AVENUE, SUITE 204 TAMPA, FL 33614
---	---

2. Principal Place of Business - No P.O. Box # 5501 W. Gray St.	3. Mailing Address 5501 W. Gray St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tampa FL	City & State Tampa, FL
Zip 33609	Zip 33609
Country US	Country US



04232008 Chg-LP CR2E003 (12/06)

4. FEI Number 26-0167338	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
---	--

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

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L07000016883 SURGERY PARTNERS OF WESTCHASE, LLC 4726 NORTH HABANA AVENUE, SUITE 204 TAMPA, FL 33614	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

5001300000796
 05/22/08-01024-021 **\$500.00

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: Mike Doyle 4/23/08 813569-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE