

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A07000000338

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Entity Name:** WESTCHASE SURGERY CENTER, LTD.

**Current Principal Place of Business:**

5501 WEST GRAY STREET  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

5501 WEST GRAY STREET  
TAMPA, FL 33609

**New Mailing Address:**

**FEI Number:** 26-0167338

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 #: L07000016883  
Name: SURGERY PARTNERS OF WESTCHASE, LLC  
Address: 5501 W. GRAY ST.  
City-St-Zip: TAMPA, FL 33609

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby 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: MICHAEL DOYLE

CEO

04/19/2012

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date