

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A08000000866

**FILED**  
**Aug 23, 2011**  
**Secretary of State**

**Entity Name:** CRANE CREEK SURGICAL PARTNERS, LLLP

**Current Principal Place of Business:**

930 SOUTH HARBOR CITY BOULEVARD  
MELBOURNE, FL 32901 US

**New Principal Place of Business:**

2222 SOUTH HARBOR CITY BOULEVARD  
SUITE 540  
MELBOURNE, FL 32901 US

**Current Mailing Address:**

930 SOUTH HARBOR CITY BOULEVARD  
MELBOURNE, FL 32901 US

**New Mailing Address:**

2222 SOUTH HARBOR CITY BOULEVARD  
SUITE 540  
MELBOURNE, FL 32901 US

**FEI Number:** 26-3497128

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KANCILIA, JOHN R  
1795 WEST NASA BOULEVARD  
MELBOURNE, FL 32901 US

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** KATIE MARKOWSKI - ASSISTANT SECRETARY

08/23/2011

Electronic Signature of Registered Agent

Date

**GENERAL PARTNER INFORMATION:**

**Document #:** L08000093997  
**Name:** CRANE CREEK SURGICAL PARTNERS MANAGEMENT L  
**Address:** 930 SOUTH HARBOR CITY BOULEVARD  
**City-St-Zip:** MELBOURNE, FL 32901 US

**ADDRESS CHANGES ONLY:**

**Address:** 22222 SOUTH HARBOR CITY BLVD SUITE 540  
**City-St-Zip:** MELBOURNE, FL 32901 US

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:** RICHARD HYNES, M.D.

PRES

08/23/2011

Electronic Signature of Signing General Partner

Date