

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A10000000781

**FILED**  
**Mar 03, 2011**  
**Secretary of State**

**Entity Name:** CENTRAL PALM BEACH SURGERY CENTER LTD.

**Current Principal Place of Business:**

2047 PALM BEACH LAKES BLDV. STE 100  
WEST PALM BEACH, FL 33409

**New Principal Place of Business:**

**Current Mailing Address:**

2047 PALM BEACH LAKES BLDV. STE 100  
WEST PALM BEACH, FL 33409

**New Mailing Address:**

2047 PALM BEACH LAKES BLVD  
SUITE 100  
WEST PALM BEACH, FL 33409

**FEI Number:** 30-0615268

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CORPORATION COMPANY OF MIAMI  
525 OKEECHOBEE BLVD. STE 1100  
WEST PALM BEACH, FL 33401 US

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

STEVEN L ROBBINS  
2047 PALM BEACH LAKES BLVD  
SUITE 250  
WEST PALM BEACH, FL 33409 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: STEVEN L ROBBINS

03/03/2011

Electronic Signature of Registered Agent

Date

**GENERAL PARTNER INFORMATION:**

Document #: L10000123266  
Name: CPBS MANAGEMENT LLC  
Address: 2047 PALM BEACH LAKES BLDV. STE 100  
City-St-Zip: WEST PALM BEACH, FL 33409

**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: JONATHAN CUTLER

GP

03/03/2011

Electronic Signature of Signing General Partner

Date