

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

02 APR -3 AM 8:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0006651 AT

**DOCUMENT # A11525**

1. Entity Name

TALLAHASSEE SINGLE DAY SURGERY, LTD.

Principal Place of Business

1661 PHILLIPS ROAD  
TALLAHASSEE FL 32308

Mailing Address

1661 PHILLIPS ROAD  
TALLAHASSEE FL 32308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2002**

4. FEI Number

59-2144799

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIERCE, ROBERT.  
AUSLEY, MCMULLEN, MCGEEHEE, CAROTHERS ETAL  
227 SOUTH CALHOUN STREET  
TALLAHASSEE FL 32301

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.

SIGNATURE

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

DATE

9. Capital Contributions  
as Shown on record.

**\$461,999.34**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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 # **J76263**  
NAME **TSDS, INC.**  
STREET ADDRESS **1661 PHILLIPS ROAD**  
CITY-ST-ZIP **TALLAHASSEE FL**

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

800005257418--5  
-04/12/02--01055--006  
\*\*\*\*526.50 \*\*\*\*526.50

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

A.E. Deeb MD 4/1/02 (850) 878-5165

Date

Daytime Phone #

CR2E003 (9/01)