


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

**FILED  
Mar 23, 2005 08:00 AM  
Secretary of State**

**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  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



01052005 Chg-LP CR2E003 (10/03)

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  
PIERCE, ROBERT.  
AUSLEY, MCMULLEN, MCGEHEE, CAROTHERS ETAL  
227 SOUTH CALHOUN STREET  
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.

9. Capital Contributions as Shown on record. \$461,999.34

10. Amount of Capital Contributions in FLORIDA to date.

**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	J76263 TSDS, INC. 1661 PHILLIPS ROAD TALLAHASSEE, FL	STREET ADDRESS CITY-ST-ZIP	1100000273989 03/23/05-80050-014 526.25
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STAPLE CHECK HERE

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:**  **A. E. Deeb, MD** **3/15/05** **(850) 878 5165**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #