


**2008 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2008**

**FILED  
Apr 16, 2008 08:00 A  
Secretary of State**

<b>DOCUMENT # A11525</b> 1. Entity Name TALLAHASSEE SINGLE DAY SURGERY, LTD.	
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Principal Place of Business 1661 PHILLIPS ROAD TALLAHASSEE, FL 32308	Mailing Address 1661 PHILLIPS ROAD TALLAHASSEE, FL 32308
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**DO NOT WRITE IN THIS SPACE**



04112008 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-2144799	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  PIERCE, ROBERT. AUSLEY, MCMULLEN, MCGEHEE, CAROTHERS ETAL 227 SOUTH CALHOUN STREET TALLAHASSEE, FL 32301	<b>DO NOT WRITE IN THIS SPACE</b>
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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

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2008, Fee will be \$900.00**

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

U00000901768  
04/23/08-80080-023-500.00

**DO NOT WRITE  
IN THIS SPACE**

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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** **4/14/08** **(850) 878 5165**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #