

# **2007 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A17569

**FILED**  
**Apr 24, 2007**  
**Secretary of State**

**Entity Name:** SARASOTA SURGERY CENTER, LTD.

**Current Principal Place of Business:**

983 BENEVA ROAD  
SARASOTA, FL 34232

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 380546  
BIRMINGHAM, AL 35238

**New Mailing Address:**

**FEI Number:** 59-2519351

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: H08646  
Name: SCA-SARASOTA, INC.  
Address: ONE HEALTHSOUTH PKWY  
City-St-Zip: BIRMINGHAM, AL 35243

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: JODY MARTIN

AS

04/24/2007

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date