## FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997

SARASOTA SURGERY PROPERTIES, LTD.



FLORIDA DEPARTMENT OF STATE

## Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # A17570 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 JAN -2 AM 8: 13





12 WOODMONT BLVD SUITE 610 MASHYLLE TN 97205  12 Mailing Address  2 Mailing Address  3 Mailing Address  3 Mailing Address  3 Mailing Address  4 Mailing Address  5 Mailing Address  5 Mailing Address  6 Mailing Address  7 Certificate of Sortian Desired  8 Mailing Address  6 Mailing Address  7 Certificate of Sortian Desired  9 Marca and Address of Current Registered Agent  10 Microphotology  10 Marca and Address of Current Registered Agent  10 Microphotology  11 Microphotology  12 Microphotology  12 Microphotology  12 Microphotology  13 Microphotology  14 Microphotology  15 Microphotology  16 Microphotology  17 Certificate of Sortian Desired  18 Microphotology  10 Microphotology  10 Microphotology  10 Microphotology  10 Microphotology  10 Microphotology  10 Microphotology  11 Microphotology  11 Microphotology  12 Microphotology  12 Microphotology  13 Microphotology  14 Microphotology  15 Microphotology  16 Microphotology  16 Microphotology  17 Microphotology  18 Microphotology  18 Microphotology  18 Microphotology  19 Micropho							
28. Principal Office Address  28. Principal Office Address  5. Suite, Apt. #, etc.  5. Fit Number  5. Suite Apt. #, etc.  6. Fit Number  5. Suite Apt. #, etc.  7. Cent cane of Status Desired  8. Make check payable to: Dept. of State (See reverse side for fee informatic tents) and the formatic state of the payable to: Dept. of State (See reverse side for fee informatic tents) and the formatic state of the suit o	SUITE 610	102 WOODMONT BLVD SUITE 610		08/01/1984 3a. Date of Last Report	08/01/1984 \$240,000.00  3a. Date of Last Report 01/02/1996 5b. Amount of Capital Contributions in FLORIDA to date:		
Suite, Apit. 4, etc.  City 6. State  Country  Country  B. Make check payable to Dept of State (See review 6 do for file information of the file of the information of	2. Mailing Address	dress 2a. Principal Office Address					
Country    Country   Zip   Country   Zip   Country   Replaced   S8.75 Additional Fire Required   R. Make check payable to: Dept of Status Depired   R. Make check payable to: Dept of Status (See reverse side for fee information of the Company of the Company of Status (See reverse side for fee information of the Company of Status STREET   Street Address (P.O. Box Number is Not Acceptable)					Applied For		
9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent Office  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FI, 32301  Sinte, Apt. #, etc.  City FL 2p Code  TOG. Pursuant to the provisions of sections 670 1051 and 620 192. Florids Statutes, the above-named intends partnershy organized or registered under the laws of the State of Florids, submits this stelement for the purpose of changing its registered click or registered dignor, or both, in the State of Florids Statutes. Such change was authorized by its general partner(s). Hereby accept the appointment of registered agent 1 and family and Accepting Appointment of registered agent 1 and family and Accepting Appointment of registered Agent Agent Agent Accepting Appointment Agent				7. Certificate of Status Desired		\$8.75 Additional	
CORPORATION SERVICE COMPANY  1201 HAYS STREET TALLAHASSEE FL 32301  Street Address (P.G. Box Number is Not Acceptable)  Street Address (P.G. Box Number)  To the provisions of sections 620 1051 and 620 102. Fordad Statutes, the above-named inneed partners by organized or registered under the laws of the State of Fonds, submits this statement for the provisions of acction 620 102. Fordad Statutes, the above-named inneed partners by a general partners(), I hereby accept the appointment of registered agent in the financial acceptable of the partners of the par	Zip Gounty	- County		8. Make check payable to: Dept. o	8. Make check payable to: Dept. of State (See reverse side for fee information)		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number)  Tallahassee FL 32301  Tallahassee FL 32301  Street Address (P.O. Box Number) or gentered under the laws of the State of Florida. Statutes in the show-named immed partnership organized or registered under the laws of the State of Florida. Such change was authorized by its general partners(); I horeby accept the appointment of registered agent a manufact and accept the obligations of section 620 182. Florida Statutes.  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s)  11a. (Acceptable Partner(s)  11b. Chy, State & Zip Code  11c. Decorrent Number  SURGICAL SERVICES OF SARASOT  102 WOODMONT BLVD #81  NASHVILE TN  G00196  Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner.  12. I do hereby certly that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119 07(3)(i), I note the server become and their inferior street and eccuries and their inferior street and eccuries and their inferior street and eccuries and their who same legal effects as if made under cath. I further certify that I am a General Partner of the limited partnershy, receiver or trust empreve to year experience of the limited partnershy, receiver or trust empreve to year experience of the limited partnershy, receiver or trust empreve to year experience.	Name and Address of Current R	egistered Agent	1	10. If changed, new Registers	d Agent/Office		
Street Address (P.O. Box Number is Not Acceptable)	CORPORATION SERVICE COMPANY						
Total Pursuant to the provisions of sections 620 1051 and 620 192. Florida Statutes, the above named immed partnership organizad or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both. In the State of Florida, Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent 1 am familiar with, and accupt the obligations of section 620 192. Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s)  11a. (Do NOT Use Fost Office Box Numbers)  11b. City, State & Zip Code  11c. Registration/ Document Number  SURGICAL SERVICES OF SARASOT  102 WOODMONT BLVD #81  NASHVILE TN  G00196  Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner.  12. Ide needy certify that the information supplied with this fings is soluntarily funished and does not qualify for the event point in Section 119.07(3)(A), Florida Statutes. I release the Division of Corporators from any liability of non-compliance with Section 119.07(3)(A), Florida Statutes. Indicated or this similar appoint is two and of accounts and this my signature shall have the same keyol effects as finade under certify that it is information supplied to deemed exampt from public access. If uniter certify that the information indicated or this similar appoint is two and accounts and their my signature shall have the same keyol effects as finade under certify that it is information indicated or the similar appoint is two and accounts and their my signature shall have the same keyol effects as finade under certify that it is information indicated or the similar appoint is two and accounts and their my signature shall have the same keyol effects as finade under certify that it is information, processed t	- 1201 HAYS STREET		Street Address (P.O. Box Number Is Not Acceptable)				
10a, Pursuant to the provisions of sections 620 1051 and 620 192. Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered differe or registered agent, or both, in the State of Florida Such change was authorized by its general partner(s), thereby accept the appointment of registered agent. I am familiar with, and acceptitude obligations of section 620 192. Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s)  11a. (backgess of Each General Partner MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11b. City, State & Zip Code  11c. Registration/Document Number  SURGICAL SERVICES OF SARASOT  102 WOODMONT BLVD #61  NASHVILLE TN  600198  NOTE: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner.  12. I do heetby certly that the information supplied with this flang is voluntarily furnished and dose not qualify for the exemption stated in Section 119.07(3)(k), Plorida Statutes I release the Division of Corporations form any lability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed eventy from public access if unber certify that he information indicated on this annual report is true and accurate and the tiny signature shall have the same legal effects as if made under cath. Hutther certify that I am a General Partner of the limited partnership, receiver or trust empowered to execute in its report as required by chapter 620. Florida Statutes.  SIGNATURE  Agreement Theorem 10 for the interest partnership receiver or trust empowered to execute in its report as required by chapter 620. Florida Statutes.	IALLAMASSEE PL 32301	Suite, Apt. #, etc.		elc.			
(of the purpose of changing its registered differ or registered agent, or both, in the State of Florida, Such change was authorized by its general partners(a). Thereby accept the appointment of registered agent it am familiar with, end accept the obligations of section 620 192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s)  11a. (Do NOT Use Post Office Box Numbers)  SURGICAL SERVICES OF SARASOT  102 WOODMONT BLVD #81  NASHVILLE TN  G00198  NASHVILLE TN  G00198  Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner.  12. I do hereby certly that the information supplied with this flurigh is voluntarily furnished and does not qualify for the exemption stated in Section 119 (70)(W). Provide Statutes, I release the Division of Corporations from any lability of non-compilance with Section 119 (70)(W). Provide Statutes is annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the Irrated purtnership, receiver or trust empowered to execute pris report as required by chapter 620, Florida Statutes.  DATE  12. I Agent May			City FL Zip Code				
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s)  11a. (Do NOT Use Post Office Box Numbers)  SURGICAL SERVICES OF SARASOT  102 WOODMONT BLVD #61  NASHVILLE TN  G00196  SURGICAL SERVICES OF SARASOT  102 WOODMONT BLVD #61  NASHVILLE TN  G00196  NOTE: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner.  12. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trust empowered to execute pits report as required by chapter 620, Florida Statutes.  DATE  12. Have	agent I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment)	f section 620 192, Florida Statutes.		DATE			
11. Name(s) of General Partner(s)  11a. (Do NOT Use Post Office Box Numbers)  11b. City, State & Zip Code  11c. Registratory occurrent Number  11b. City, State & Zip Code  11c. Registratory occurrent Number  11c. Registratory occurrent Number  11d. Nashville TN  11d. Open Office Box Numbers  11d. Nashville TN  11d. Open Office Box Numbers  11d. Nashville TN  11d. Open Office Box Numbers  11d.	A GENERAL PARTNER THAT IS MUST	S A CORPORATION, I BE REGISTERED AN	LIMITED I ID ACTIVI	PARTNERSHIP OR OTHE E WITH THIS OFFICE.	R BUSIN	IESS ENTITY	
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.  12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated of this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trust empowered to execute this report as required by chapter 620, Florida Statutes.  DATE 12-19-96	SURGICAL SERVICES OF SARASOT	102 WOODMONT BLVD #61		NASHVILLE TN	G00196		
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Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated of this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trust empowered to execute his report as required by chapter 620, Florida Statutes.  SIGNATURE  DATE  DATE	Note: General partners MAY NOT	⊥ be changed on this form	n; an ame	ndment must be filed to ch	ange a ge	neral partner.	
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Typed or Printed Name of General Partner Stoping Form: DAWY E. BUNDREN Destina Talanhone Number 615-385-3541	SIGNATURE AMAY MANAGE						
Doyume reichionic number	Typed or Printed Name of General Partner Signing Form	ANY E. BUNDREN		Daytime Telephone Number	15-385-3	541	