

# **2007 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A17570

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

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

**Current Principal Place of Business:**

ONE HEALTHSOUTH PKWY.  
BIRMINGHAM, AL 35243

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 380546  
BIRMINGHAM, AL 35238

**New Mailing Address:**

FEI Number: 59-2519371      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 #: G00196  
Name: SURGICAL SERVICES OF 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 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