

FILED  
03 APR 29 PM 12:42  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # A22771</b>			
1. Entity Name <b>NAPLES SURGICAL INVESTORS, LTD.</b>			
Principal Place of Business <b>790 FOURTH AVENUE NORTH NAPLES, FL 34102</b>		Mailing Address <b>790 FOURTH AVENUE NORTH NAPLES, FL 34102</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-2568104</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>COOPER, KEVIN 360 7TH STREET NORTH NAPLES, FL 34102</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and date if applicable.</small>			
9. Capital Contributions as Shown on record. <b>\$2,308,333.33</b>		10. Amount of Capital Contributions in FLORIDA to date.	
11. <b>MAKE CHECK PAYABLE TO FL DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>			
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 #	<b>H67170</b>	STREET ADDRESS	
NAME	<b>AMBULATORY SURGICAL CARE CENTER, INC.</b>	CITY - ST - ZIP	
STREET ADDRESS	<b>790 FOURTH AVENUE NORTH</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>NAPLES, FL</b>	CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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: <b>Edward G. Morton</b>		Date <b>4/25/03</b> Daytime Phone # <b>289-436-5100</b>	

SIJH

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DUE BY MAY 1, 2003

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