

# **2008 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A23905

**FILED**  
**May 01, 2008**  
**Secretary of State**

**Entity Name:** AMBULATORY SURGICAL FACILITY OF SOUTH FLORIDA, L.L.L.P.

**Current Principal Place of Business:**

4470 SHERIDAN STREET  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

4470 SHERIDAN STREET  
HOLLYWOOD, FL 33021

**New Mailing Address:**

**FEI Number:** 59-2753716      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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

COEL & WARREN.  
1900 GLADES ROAD  
SUITE 350  
BOCA RATON, FL 33431 US

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

GLOBAL SURGICAL PARTNERS, INC.  
3059 GRAND AVENUE,  
SUITE 300  
MIAMI, FL 33139 US

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: KENNETH I. ARVIN, ESQ., CFO & GEN. COUNSEL

05/01/2008

Electronic Signature of Registered Agent

Date

**GENERAL PARTNER INFORMATION:**

Document #: L05000119802  
Name: ASF MANAGEMENT OF SOUTH FLORIDA, L.L.C.  
Address: 4470 SHERIDAN STREET  
City-St-Zip: HOLLYWOOD, FL 33021

**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: DANIEL MORSE, M.D.

MGR

05/01/2008

Electronic Signature of Signing General Partner

Date