

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A23905

**FILED**  
**Apr 30, 2009**  
**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 ( )**

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

GLOBAL SURGICAL PARTNERS, INC.  
3059 GRAND AVENUE,  
SUITE 300  
MIAMI, FL 33139 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 #: 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: DAN MORSE, M.D.

M

04/30/2009

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

\_\_\_\_\_  
Date