## FILE ON OR BEFORE APRIL 7, 1999 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

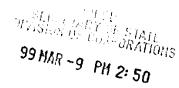
Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT #** 

JOSEPH'S SAME DAY SURGERY CENTER LTD





Mailing Address ST. JOSEPH SAME DAY SURGERY	Principal Office Address 3003 W. DR. MARTIN L. KING JR. BLVD. TAMPA FL 33807  2a. Principal Office Address		3. Date Formed or Registered  05/19/1987  3a. Date of Last Report  03/16/1998  4. Stale or Country of Formation  FL	5a. Capital Contributions as Shown on record \$160,000.00  5b. Amount of Capital Contributions in FL ORIDA to date
3003 W DR MARTIN L KING JR BLVD TAMPA FL 33607				
2. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 59-2820953	Applied For Not Applicable
City & State  Zip Country	City & State  Zip Country		7. Certificale of Status Desired	\$8.75 Additional Fee Required
Zip Country	Zip Country		8. Make check payable to Dept of State (See reverse side for fue inform	
9. Name and Address of Curre	nt Registered Agent	Name	10. If changed, new Registered	Agent/Office
3003 W DR MARTIN L KING JR BLVD * TAMPA FL 33607	600 100 500 400	Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt #, etc  City  Large Code  Suite Apt #, etc  City  Large Code  Ve-named limited partnership organized or registered under the laws of the State of Florida, submits this statem.		
for the purpose of changing its registered office on agent. I am familiar with, and accept the obligation of the control of th	r registered agent, or both, in the State of Florid ins crootion 620.192, Florida Statutes	la Such change was	sultiorized by its general partner(s). There	by accept the appointment of register $3/1/9$ $9$
A GENERAL PARTNER THA	T IS A CORPORATION, L ST BE REGISTERED AN	LIMITED PA D ACTIVE I	ARTNERSHIP OR OTH WITH THIS OFFICE.	ER BUSINESS ENT
	11a. (Do NOT Use Post Office Box	Partner Numbers) 111	b. City, State & Zip Code	11c. Registration/ Document Number
11. Name(s) of General Partner(s)	TOO HOT USE T USE OTHER LIDE			
11. Name(s) of General Partner(s)  ST. JOSEPH'S PHYSICIANS HEAL	3003 W DR. M. L. KING		TAMPA FL	J41875
		i	Tampa fl Tampa fl	J41875 N15783
ST. JOSEPH'S PHYSICIANS HEAL	3003 W DR. M. L. KING	i	TAMPA FL	

Typed or Printed Name of General Partner Signing Form

execute this report as required

SIGNATURE X

Daylime Telephone Number

3/1/99