

# 2001 UNIFORM BUSINESS REPORT (UBR)

0020594 SP

**DOCUMENT # A24543**

1. Entity Name

ST. JOSEPH'S SAME-DAY SURGERY CENTER, LTD.

**FILED**

01 FEB -7 AM 11:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3003 W. DR. MARTIN L. KING JR. BLVD.  
TAMPA FL 33607

Mailing Address  
ST. JOSEPH SAME DAY SURGERY  
3003 W DR MARTIN L KING JR BLVD  
TAMPA FL 33607



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2820953

Applied For

Not Applicable

Zip Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALLAH, ISAAC  
3003 W DR MARTIN L KING JR BLVD  
TAMPA FL 33607

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$160,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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 # J41875  
NAME ST. JOSEPH'S PHYSICIANS HEALTHCENTER ORGAN  
STREET ADDRESS 3003 W DR. M. L. KING BL  
CITY-ST-ZIP TAMPA FL

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # N15783  
NAME SAN DAMIANO ENTERPRISES, INC.  
STREET ADDRESS 3003 W DR. M. L. KING BL  
CITY-ST-ZIP TAMPA FL

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1-30-2001

554-8471

CR2E003 (11/00)