

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**May 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A24543</b>	
1. Entity Name ST. JOSEPH'S SAME-DAY SURGERY CENTER, LTD.	



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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04282004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2820953	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
MALLAH, ISAAC 3003 W DR MARTIN L KING JR BLVD TAMPA, FL 33607	

7. Name and Address of New Registered Agent	
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$160,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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**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	
DOCUMENT #	J41875
NAME	ST. JOSEPH'S PHYSICIANS HEALTHCENTER ORGAN
STREET ADDRESS	3003 W DR. M. L. KING BL
CITY - ST - ZIP	TAMPA, FL
DOCUMENT #	N15783
NAME	SAN DAMIANO ENTERPRISES, INC.
STREET ADDRESS	3003 W DR. M. L. KING BL
CITY - ST - ZIP	TAMPA, FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

000000160008  
05/13/04 00004-013 526.25

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: <i>Isaac Mallah</i>	4/29/04	(813) 870-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Isaac Mallah	Date	Daytime Phone #

STAPLE CHECK HERE