

FILED
May 06, 2006 08:00 AM
Secretary of State

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A24543

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**



04212006 No Chg-LP CR2E003 (11/05)

4. FEI Number
59-2820953

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

DATE _____

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

**U00000541441
05/10/06-80053-013 500.00**

**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**

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**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

4-25-06 (913) 770-4020

STAPLE CHECK HERE