

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

07 MAY 10 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

[Handwritten signature]



DO NOT WRITE IN THIS SPACE

04102007 No Chg-LP

CR2E003 (12/06)

4. FEI Number
59-2820953

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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**

B. 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 title if applicable

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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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CITY-ST-ZIP

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IN THIS SPACE**

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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 #

4/11/07

STAPLE CHECK HERE