

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0021243 FP

DOCUMENT # **A24543**

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



FILED

03 APR 15 AM 8:40

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**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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. 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

9. Capital Contributions **\$160,000.00**
as Shown on record.

10. Amount of Capital Contributions **\$160,000**
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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

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CITY-ST-ZIP

M THOMAS

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04/15/03--01074--009 **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: _____

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-13-02

Date

Daytime Phone #

CR2E003 (10/02)