2006 LIMITED PARTNERSHIP ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# A28926

Entity Name: DOCTORS' SPECIAL SURGERY CENTER OF JACKSONVILLE, LTD.

Current Principal Place of Business:

ONE PARK PLAZA
NASHVILLE, TN 37203 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 750
LEGAL DEPT.
NASHVILLE, TN 37202 US

New Mailing Address:

FEI Number: 62-1600404 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

GENERAL PARTNER INFORMATION:

Document #: P94000083358
Name: MEMORIAL HEALTHCARE GROUP, INC.
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, TN 37203 US
Document #: S57323
Name: MHS PARTNERSHIP HOLDINGS JSC, INC.
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, TN 37203 US

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DORA A. BLACKWOOD, VP OF GENERAL PARTNER VPS 04/28/2006

Electronic Signature of Signing General Partner Date