

2007 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A28926

FILED
May 01, 2007
Secretary of State

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 ()**
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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:

ADDRESS CHANGES ONLY:

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:
City-St-Zip:

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

05/01/2007

Electronic Signature of Signing General Partner

Date