

# LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** A29512

1. Entity Name

**TAMPA OUTPATIENT SURGERY JOINT VENTURE LTD**

FILED

02 MAY 16 PM 12:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**5013 N Armenia Ave**

Suite, Apt. #, etc.

3. Mailing Address

**5013 N Armenia Ave**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**DUE BY MAY 1**

City & State

**Tampa FL**

City & State

**Tampa FL**

4. FEI Number

**62-1398632**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

Zip

**33603**

Country

**Hillsborough**

Zip

**33603**

Country

**Hillsborough**

7. Name and Address of Current Registered Agent

Name

**Jack Mezrah MD**

Street Address (P.O. Box Number is Not Acceptable)

**5013 N Armenia Ave**

City

**TAMPA**

**FL**

Zip Code

**33603**

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.

SIGNATURE

*Jack Mezrah, MD*

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

DATE

9. Capital Contributions

as Shown on record. **\$135,100.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO 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

DOCUMENT #

**L00741**

NAME

**SCA-TAMPA INC**

STREET ADDRESS

**ONE HEALTHSOUTH PKWY**

CITY-ST-ZIP

**BIRMINGHAM AL 35243**

DOCUMENT #

**J92365**

NAME

**TAMPA OUTPATIENT SUR FACILITY**

STREET ADDRESS

**5013 N ARMENIA AVE**

CITY-ST-ZIP

**TAMPA FL 33603**

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