

# **2004 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A29512

**FILED**  
**Apr 05, 2004**  
**Secretary of State**

**Entity Name:** TAMPA OUTPATIENT SURGERY JOINT VENTURE, LTD.

**Current Principal Place of Business:**

5013 N. ARMENIA AVE.  
TAMPA, FL 33603

**New Principal Place of Business:**

**Current Mailing Address:**

5013 N. ARMENIA AVE.  
TAMPA, FL 33603

**New Mailing Address:**

**FEI Number:** 62-1398632

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MEZRAH, JACK MD  
5013 N ARMENIA AVE  
TAMPA, FL 33603 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

**Capital Contributions as Shown on record:** 135,100.00

**Amount of Capital Contributions in Florida to date:** 135,100.00

**GENERAL PARTNER INFORMATION:**

**ADDRESS CHANGES ONLY:**

Document #:

Name: TAMPA OUTPATIENT SURGICAL FACILITY, INC.

Address: 5013 N. ARMENIA AVE.

City-St-Zip: TAMPA, FL

Address:

City-St-Zip: TAMPA, FL 33603 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TAMPA OUTPATIENT SURGICAL FACILITY INC

04/05/2004

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date