


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership NORTH PALM BEACH COUNTY SURGERY CENTER, LTD.		1a. DOCUMENT # A30055	
Mailing Address W COLUMBIA/HCA TAX DEPT. PO BOX 570 NASHVILLE TN 37202		Principal Office Address ONE PARK PLAZA NASHVILLE TN 37203	
2. Mailing Address PO Box 750		2a. Principal Office Address	
Suite, Apt. #, etc. Legal		Suite, Apt. #, etc.	
City & State Nashville TN		City & State	
Zip 37202 Country USA		Zip Country	
3. Date Formed or Registered 05/09/1990		5a. Capital Contributions as Shown on record. \$100,000.00	
3a. Date of Last Report 12/19/1996		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation FL		6. FEI Number 75-2424900 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, SUITE 105 TALLAHASSEE FL 32301		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____			
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
11. Name(s) of General Partner(s) NPB CO SURGERY CENTER, INC. Columbia Palm Beach GP, LLC Amendment filed 3-5-98	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) ONE PARK PLAZA	11b. City, State & Zip Code NASHVILLE TN 37203	11c. Registration/Document Number 161577 B9700000276 800002384258--B -12/29/97--01054--017 *****541.25 *****541.25
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.			
SIGNATURE Wan A. Blackwood		DATE 12-8-97	
Typed or Printed Name of General Partner Signing Form Dora A. Blackwood		Daytime Telephone Number 615 344 2662	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAR -5 PM 4: 06



CR2E003 (6/97)



ACCOUNT NO. : 072100000032

REFERENCE : 730311 4334907

AUTHORIZATION :

COST LIMIT : \$ PREPAID

ORDER DATE : March 5, 1998

ORDER TIME : 1:05 PM

ORDER NO. : 730311-005

CUSTOMER NO: 4334907

CUSTOMER: Ms. Melinda Lampkin
Columbia/hca Healthcare
P.o. Box 550
One Park Plaza
Nashville, TN 37202

100002448481--7

File
151

ANNUAL REPORT FILING

NAME: NORTH PALM BEACH COUNTY
SURGERY CENTER, LTD.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Daniel W Leggett

EXAMINER'S INITIALS: _____

RECEIVED
98 MAR -5 PM 2:52
DIVISION OF CORPORATION



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 6, 1998

NORTH PALM BEACH COUNTY SURGERY CENTER, LTD.
% LEGAL DEPARTMENT
P.O. BOX 750
NASHVILLE, TN 37202

SUBJECT: NORTH PALM BEACH COUNTY SURGERY CENTER, LTD.
Ref. Number: A30055

We have received your document for NORTH PALM BEACH COUNTY SURGERY CENTER, LTD. and your check(s) totaling \$541.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability partnership must have an active registration/filing on file with this office before this filing will be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

If we have had no written response within 60 days of this letter, we will consider your document abandoned.