

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A30055**

1. Entity Name

NORTH PALM BEACH COUNTY SURGERY CENTER, LTD.

APPROVED
AND
FILED

00 APR -3 AM 11:26
526.25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ny 4/17



DO NOT WRITE IN THIS SPACE

Principal Place of Business ONE PARK PLAZA NASHVILLE TN 37203	Mailing Address P.O. BOX 750 LEGAL DEPT. NASHVILLE TN 37202-0750
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 75-2424900	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, SUITE 105 TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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9. Capital Contributions as Shown on record. \$100,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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		13. ADDRESS CHANGES ONLY	
DOCUMENT # M97000000276	NAME COLUMBIA PALM BEACH GP, LLC	STREET ADDRESS	200003215602--6 -04/19/00--01113--014 ***526.25 ***526.25
STREET ADDRESS ONE PARK PLAZA	CITY - ST - ZIP NASHVILLE TN 37203	CITY - ST - ZIP	
CITY - ST - ZIP			
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NAME		CITY - ST - ZIP	
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STREET ADDRESS			
CITY - ST - ZIP			

14. I hereby certify that the information supplied with this filing does not qualify 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 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: SIGNATURE REQUIRED	Date	Daytime Phone #
David Benson		