

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A30055**

1. Entity Name

NORTH PALM BEACH COUNTY SURGERY CENTER, LTD.

Principal Place of Business

**ONE PARK PLAZA
NASHVILLE TN 37203**

Mailing Address

**P.O. BOX 750
LEGAL DEPT.
NASHVILLE TN 37202**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

75-2424900

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

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

CT Corporation System

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

1700 South Pine Island Road

City

Plantation

FL

Zip Code

33324

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

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

JENNIFER F AULTMAN

DATE

4-11-02

9. Capital Contributions as Shown on record.

\$100,000.00

10. Amount of Capital Contributions in FLORIDA to date.

ASSISTANT SECRETARY

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 # **M97000000276**
NAME **COLUMBIA PALM BEACH GP, LLC**
STREET ADDRESS **ONE PARK PLAZA**
CITY-ST-ZIP **NASHVILLE TN 37203**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

500005313335--6

04/22/02 01066 011

*****526.25 ***526.25**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 David Denson Assistant Sec. 3-22-02 344-2190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0016627
A7

CR2E003 (9/01)

FILED
02 APR 17 AM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

