2007 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2007**

FILED Apr 20, 2007 08:00 AM Secretary of State

П	^	\sim 1	H٨	ΛEI	NIT	- #	Δ	የበ	R	n	a
IJ	u		JΙV	/11=1	171	#	\neg	ノレ	v	u	Ū

1. Entity Name

MEDICAL CENTER SURGERY ASSOCIATES LIMITED PARTNERSHIP



Principal Place of Business

11377 CORTEZ BLVD

BROOKSVILLE, FL 34613

Mailing Address

11377 CORTEZ BLVD

BROOKSVILLE, FL 34613 US



DO NOT WRITE IN THIS SPACE

02212007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 62-1449272 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALL SAINT SURGERY CENTER INC. 11377 CORTEZ BLVD BROOKSVILLE, FL 34613

DO NOT WRITE IN THIS SPACE

	ed or printed name of registered agent and atte if applicable.	DATE				
SIGNATURE		05/01/07-80081-013 508.75				
the obligations of reg	istered agent	U00000719853				
e. The accive named er	mity submits this statement for the purpose of changing its registered office or re	inice or registereo agent, or both, in the State of Florida. I am lamillar with, and acci-				

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00

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 # NAME STREET ADDRESS CITY-ST-ZIP	P02000013687 ALL SAINTS SURGERY CENTER, INC. 11377 CORTEZ BLVD. BROOKSVILLE, FL 34613
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	,
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes | 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 employered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

STAPLE CHECK HERE

ING GENERAL PARTNER