

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A30809**

1. Entity Name  
**MEDICAL CENTER SURGERY ASSOCIATES LIMITED PARTNERSHIP**



Principal Place of Business  
**11377 CORTEZ BLVD  
BROOKSVILLE, FL 34613 US**

Mailing Address  
**11377 CORTEZ BLVD  
BROOKSVILLE, FL 34613 US**



04242008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

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**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2008, Fee will be \$900.00**

000000023027  
05/15/08-30043-010 508.75

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

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IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**(352) 597-3060**

STAPLE CHECK HERE