

2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A30809

FILED
Jan 06, 2009
Secretary of State

Entity Name: MEDICAL CENTER SURGERY ASSOCIATES LIMITED PARTNERSHIP

Current Principal Place of Business:

11377 CORTEZ BLVD
BROOKSVILLE, FL 34613 US

New Principal Place of Business:

Current Mailing Address:

11377 CORTEZ BLVD
BROOKSVILLE, FL 34613 US

New Mailing Address:

FEI Number: 62-1449272 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

GENERAL PARTNER INFORMATION:

Document #: P02000013687
Name: ALL SAINTS SURGERY CENTER, INC.
Address: 11377 CORTEZ BLVD.
City-St-Zip: BROOKSVILLE, FL 34613

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES R JACHIMOWICZ

CEO

01/06/2009

Electronic Signature of Signing General Partner

Date