

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A32908**

1. Entity Name

AMBULATORY SURGICAL CENTRE OF MIAMI, LTD.

Principal Place of Business

**1700 NORTH KENDALL DRIVE
SUITE 100
MIAMI, FL 33173**

Mailing Address

**C/O HEALTHSOUTH CORPORATION
P.O. BOX 390546
BIRMINGHAM AL 35238**

APPROVED
AND
FILED

02 JUL 15 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
7500 SW 87 Avenue

3. Mailing Address

DUE BY MAY 1, 2002

Suite, Apt. #, etc.
Suite 101

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

4. FEI Number
65-0329755

Applied For

Not Applicable

Zip
33173

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

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

DATE

9. Capital Contributions
as Shown on record.

\$25,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**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 #
NAME
STREET ADDRESS
CITY-ST-ZIP

**V32294
NSC MIAMI, INC.
8700 NORTH KENDALL DR
MIAMI FL**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

**800006465078-3
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****663.75 ****663.75**

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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

Richard E. Botts, VP of GP 3/4/02 (205) 967-7116

CR2E003 (9/01)

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STAPLE CHECK HERE