

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED

08 FEB 21 PM 3:02

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # A32908 1. Entity Name AMBULATORY SURGICAL CENTRE OF MIAMI, LLLP					
Principal Place of Business 7500 SW 87 AVE., STE. 101 MIAMI, FL 33173			Mailing Address 7500 SW 87TH AVE SUITE 101 MIAMI, FL 33173		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0329755	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	L05000000907		STREET ADDRESS		
NAME	MIAMI ENDOCENTER LLC		CITY- ST- ZIP		
STREET ADDRESS	7500 SW 87 AVE., STE. 101				
CITY- ST- ZIP	MIAMI, FL 33173				
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CITY- ST- ZIP					
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: JAMES LEAVITT, M.D. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			2/12/08 (305) 595-9511 <small>Date Daytime Phone #</small>		

STAPLE CHECK HERE

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