

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A33379**

1. Entity Name

HIGHLANDS SURGERY CENTER LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 27 AM 3:05

Principal Place of Business
7200 S. GEORGE BLVD.
SEBRING FL 33872

Mailing Address
C/O HMA INC.
5811 PELICAN BAY BLVD. SUITE 500
NAPLES FL 34108-2711



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **94-3159142**

Applied For

Not Applicable

Zip

Country

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

PARRY, TIMOTHY R
C/O HMA INC.
5811 PELICAN BAY BLVD., SUITE 500
NAPLES FL 34108

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$364,500.00

10. Amount of Capital Contributions in FLORIDA to date.

\$259,500

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 # **H48422**
NAME **SEBRING HOSPITAL MANAGEMENT ASSOCIATES, INC**
STREET ADDRESS **3600 S HIGHLAND AVE**
CITY - ST - ZIP **SEBRING FL 33870**

STREET ADDRESS

CITY - ST - ZIP

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Timothy R. Parry

4/15/00

Date

(941) 598-3051

Daytime Phone #

CR21 003 (9/93)