

# 2001 UNIFORM BUSINESS REPORT (UBR)

0010839 AF

**DOCUMENT # A33379**

1. Entity Name

**HIGHLANDS SURGERY CENTER LIMITED PARTNERSHIP**

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**

**FILED**

**01 APR 16 PM 12:41**

**SECRETARY OF STATE**

**TALLAHASSEE, FLORIDA**



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.

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

DOCUMENT #  
NAME  
STREET ADDRESS  
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STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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:**

*Timothy R. Parry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Timothy R. Parry**

**3-15-2001**

**(941) 598-3051**

Date

Daytime Phone #

CR2E003 (11/00)