

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JAN -2 PM 12:46



1. Name of Limited Partnership	1a. DOCUMENT # A92000000131
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SURGICAL CENTER ASSOCIATES, LTD.

Mailing Address P.O. BOX 570 NASHVILLE TN 37202 US		Principal Office Address ONE PARK PLAZA NASHVILLE TN 37203 US		3. Date Formed or Registered 12/09/1992	5a. Capital Contributions as Shown on record. \$1,222,699.00
2. Mailing Address PO Box 750		2a. Principal Office Address		3a. Date of Last Report 12/20/1996	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc. Legal Dept.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State Nashville TN		City & State		6. FEI Number 62-1600422	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 37202 Country USA		Zip Country		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) SURGICARE AMERICA - WINTER P	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) ONE PARK PLAZA	11b. City, State & Zip Code NASHVILLE TN 37203	11c. Registration/Document Number V23298
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Wm A. Blackwood

DATE **12-29-97**

Typed or Printed Name of General Partner Signing Form

DORA A. BLACKWOOD

Daytime Telephone Number

12-30-97

CR2E003 (6/97)