

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A92000000131

1. Entity Name

SURGICAL CENTER ASSOCIATES, LTD.

Principal Place of Business

ONE PARK PLAZA
NASHVILLE TN 37203
US

Mailing Address

P.O. BOX 750
NASHVILLE TN 37202-0750
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

APPROVED
AND
FILED

00 APR -3 AM 11:25
526.25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

62-1600422

Applied For

Not Applicable

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

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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.

\$1,222,699.00

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 # A94000000162
NAME WINTER PARK HEALTHCARE GROUP, LTD.
STREET ADDRESS 200 NORTH LAKEMONT AVENUE
CITY - ST - ZIP WINTER PARK FL 32792

STREET ADDRESS

CITY - ST - ZIP

700003215597-3
-04/19/00--01113--011
****526.25 ****526.25

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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

Date

Daytime Phone #

David Denson