2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # A93000000719

1. Entity Name
NORTHWEST FLORIDA SURGERY CENTER, LTD.

Principal Place of Business	Mailing Address
767 AIRPORT ROAD ATTN: RON SAMUELIAN PANAMA CITY, FL 32405	767 AIRPORT ROAD ATTN: RON SAMUELIAN PANAMA CITY, FL 32405

DO NOT WRITE IN THIS SPACE

04292008 No Chg-LP CR2E003 (12/06)

4. FEI Number
59-3123289

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRYANT, ROWLETT W
833 HARRISON AVENUE
PANAMA CITY, FL 32401

DO NOT WRITE IN THIS SPACE

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
Signature, typed or printed name of registered agent and title if applicable

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	
DOCUMENT #	V63202
NAME	NORTHWEST FLORIDA SURGERY CENTER, INC.
STREET ADDRESS	767 AIRPORT ROAD
CITY-ST-ZIP	PANAMA CITY, FL 32405
DOCUMENT #	
NAME	
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05/27/08-80101-011 500.00

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

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: M P S _____ 4/30/08 (850)747-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #