

**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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**98 JAN 20 PM 3: 36**

1. Name of Limited Partnership

1a. DOCUMENT #  
**A93000000756**



991/23

**SAN PABLO SURGERY CENTER, LTD.**

Mailing Address

Principal Office Address

4651 SALISBURY ROAD, SUITE 155  
JACKSONVILLE FL 32256

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JACKSONVILLE FL 32256

3. Date Formed or Registered

**07/22/1993**

5a. Capital Contributions as Shown on record

**\$700,000.00**

3a. Date of Last Report

**12/20/1996**

5b. Amount of Capital Contributions in FLORIDA to date:

4. State or Country of Formation

**FL**

2. Mailing Address

**4555 Emerson Express way**

2a. Principal Office Address

**SAME**

Suite, Apt. #, etc.

**Suite 200**

City & State

**Jacksonville FL**

Zip

**32207**

City & State

Zip

Country

6. FEI Number

**59-3188645**

Applied For  
 Not Applicable

7. Certificate of Status Desired

**\$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

**LEWIS, BRETT J**  
4651 SALISBURY ROAD, SUITE 155  
JACKSONVILLE FL 32256

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

**4555 Emerson Express way**

Suite, Apt. #, etc.

**Suite 200**

City

**Jacksonville**

**FL**

Zip Code

**32207**

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)

**SAN PABLO SURGERY CENTER, IN**

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

**4651 SALISBURY ROAD,**

11b. City, State & Zip Code

**JACKSONVILLE FL 32256**

11c. Registration/Document Number

**P93000025338**

**600002413686--7**  
**-01/27/98--01102--012**  
**\*\*\*\*541.25 \*\*\*\*541.25**

**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

*[Signature]*

DATE

**1/14/98**

Typed or Printed Name of General Partner Signing Form

**Brett J. Lewis**

Daytime Telephone Number

**904 399-2124**

CR2E003 (6/97)