

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT OF 1999	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 DEC 28 AM 8:55

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1. Name of Limited Partnership  SAN PABLO SURGERY CENTER, LTD.	1a. DOCUMENT # A9300000756
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Mailing Address 3625 University Blvd. So. Jacksonville, FL 32216	Principal Office Address 3625 University Blvd. So. Jacksonville, FL 32216
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country USA	Zip Country USA

3. Date Formed or Registered 07/22/93	5a. Capital Contributions as Shown on record. 700,000.00
3a. Date of Last Report 01/20/98	5b. Amount of Capital Contributions in FLORIDA to date.
4. State or Country of Formation	
6. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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  
Prentice Hall Corporation System, Inc.  
1201 Hays Street  
Tallahassee, FL 32301

10. If changed, new Registered Agent/Office  
Name Corporation Service Company  
Street Address (P.O. Box Number Is Not Acceptable) 1201 Hays Street  
Suite, Apt. #, etc.  
City Tallahassee FL Zip Code 32301

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) Deborah N. Skipper as agent DATE 12-28-98

**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) Memorial Healthcare Group, Inc.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3625 University Boulevard South	11b. City, State & Zip Code Jacksonville, FL 32216	11c. Registration/Document Number P94000083358
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BK 12/28/98

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 H. Rex Ethredge DATE 12/22/98  
Typed or Printed Name of General Partner Signing Form H. REX Ethredge Daytime Telephone Number 904-399-6573

CR12E003 (8/98)