

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000000756**

1. Entity Name

**SAN PABLO SURGERY CENTER, LTD.**

9/29/00

FILED

00 NOV -7 PM 4:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3625 UNIVERSITY BLVD., SOUTH  
JACKSONVILLE FL 32216

Mailing Address

3625 UNIVERSITY BLVD., SOUTH  
JACKSONVILLE FL 32216

2. Principal Place of Business

3. Mailing Address

One Park Plaza

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Nashville, TN

4. FEI Number

59-3188645

Applied For

Not Applicable

Zip

Country

Zip

Country

37203

USA

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

*Lynette Coleman*

Lynette Coleman  
as its agent

11/7/00

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.

\$700,000.00

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 # P94000083358  
NAME MEMORIAL HEALTHCARE GROUP, INC.  
STREET ADDRESS 3625 UNIVERSITY BLVD., SOUTH  
CITY-ST-ZIP JACKSONVILLE FL 32216

STREET ADDRESS

CITY-ST-ZIP

500003465295--3

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

-11/15/00--01123--007  
\*\*\*\*926.25 \*\*\*\*926.25

DOCUMENT #  
NAME  
STREET ADDRESS  
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NAME  
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NAME  
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Adm - \$400.00  
AR 437.50

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

AR Supp 88.75  
926.25 10-31-00

STREET ADDRESS

CITY-ST-ZIP

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:

*David Denson*

David Denson, Asst. Secretary for the General Partner  
Memorial Healthcare Group, Inc. 9/14/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #