

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000000756

1. Entity Name

SAN PABLO SURGERY CENTER, LTD.

9/29/00

Principal Place of Business
3625 UNIVERSITY BLVD. SOUTH
JACKSONVILLE FL 32216

Mailing Address
3625 UNIVERSITY BLVD. SOUTH
JACKSONVILLE FL 32216

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
4312

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
117

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME **ADM - \$400.00**
STREET ADDRESS **AR 437.50**
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME **AR SUPP 88.75**
STREET ADDRESS
CITY-ST-ZIP **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 #

CPRE00015/000