

2002 UNIFORM BUSINESS REPORT (UBR)

0016638
AT

DOCUMENT # A93000000756

1. Entity Name

SAN PABLO SURGERY CENTER, LTD.

Principal Place of Business

3625 UNIVERSITY BLVD., SOUTH
JACKSONVILLE FL 32216

Mailing Address

ONE PARK PLAZA
NASHVILLE TN 37203

FILED

02 APR 17 AM 4:11

SECRETARY OF STATE
TALLAHASSEE FLORIDA



2. Principal Place of Business

One Park Plaza

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Nashville TN

City & State

Zip

37203

Country

USA

Zip

Country

4. FEI Number

59-3188645

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

City

Plantation

FL

Zip Code

33324

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

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

JENNIFER FAULTMAN
ASSISTANT SECRETARY

DATE

4-11-02

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

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

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

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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:

SIGNATURE REQUIRED
David L. Denson

Assistant Sec- 2-22-02 344-2190

Date Daytime Phone #

CR2E003 (9/01)