

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016919 AT

DOCUMENT # A93000000756



1. Entity Name
SAN PABLO SURGERY CENTER, LTD.

FILED
03 APR 30 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

Mailing Address
~~ONE PARK PLAZA~~
~~NASHVILLE TN 37203~~

2. Principal Place of Business

3. Mailing Address
P.O. Box 750

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State
NASHVILLE, TN

4. FEI Number **59-3188645**

Applied For
 Not Applicable

Zip Country

Zip Country
37202-0750

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324-0000**

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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record. **\$700,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. 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 **ONE PARK PLAZA**
CITY-ST-ZIP **NASHVILLE, TN 37203**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS **900017612709**
CITY-ST-ZIP **04/30/03 01089 014 #4526-25**

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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: **SIGNATURE REQUIRED** **4-22-03 615/364-2162**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)