


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # A93000000915

1. Entity Name
ORLANDO SURGERY CENTER REAL ESTATE PARTNERSHIP, LTD.



Principal Place of Business
**2000 N. ORANGE AVENUE
 ORLANDO, FL 32804**

Mailing Address
**40 BURTON HILLS BLVD., STE 400
 NASHVILLE, TN 37215**

2. Principal Place of Business
 Suite, Apt. # etc

3. Mailing Address
 Suite, Apt. #, etc

City & State

City & State

Zip Country

Zip Country



04272004 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3199471

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

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. **\$989,375.00**

10. Amount of Capital Contributions in FLORIDA to date **0 (dissolved) 141.25**

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 #	P98000022080
NAME	AMBULATORY RESOURCE CENTRES OF FLORIDA, INC
STREET ADDRESS	40 BURTON HILLS BLVD., STE 400
CITY - ST - ZIP	NASHVILLE, TN 37215
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	100000158396
CITY - ST - ZIP	05/07/04 80020 004 141.25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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STREET ADDRESS	
CITY - ST - ZIP	

STAPLE CHECK HERE

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 600, Florida Statutes.

SIGNATURE: Kenneth Mitchell Kenneth Mitchell 4/28/04 615-234-5900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #