

# **2006 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A93000000915

**FILED**  
**Apr 30, 2006**  
**Secretary of State**

**Entity Name:** ORLANDO SURGERY CENTER REAL ESTATE PARTNERSHIP, LTD.

**Current Principal Place of Business:**

2000 N. ORANGE AVENUE  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

40 BURTON HILLS BLVD., STE 400  
NASHVILLE, TN 37215

**New Mailing Address:**

**FEI Number:** 59-3199471

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: P98000022080  
Name: AMBULATORY RESOURCE CENTRES OF FLORIDA, INC  
Address: 40 BURTON HILLS BLVD., STE 400  
City-St-Zip: NASHVILLE, TN 37215

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KENNETH C. MITCHELL

VP

04/30/2006

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date