

# **2008 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A94000000123

**FILED**  
**Mar 21, 2008**  
**Secretary of State**

**Entity Name:** SURGICAL MANAGEMENT, LTD.

**Current Principal Place of Business:**

812 WEST OAK STREET  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

**Current Mailing Address:**

812 WEST OAK STREET  
KISSIMMEE, FL 34741

**New Mailing Address:**

**FEI Number:** 65-0464457

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KRAMER, ROBERT M  
C/O KRAMER & ZUCKERMAN, P.A.  
4000 HOLLYWOOD BLVD., SUITE 485 SO.  
HOLLYWOOD, FL 33021 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 #:

Name: ESTRADA, NAPOLEON N

Address: 812 W. OAK ST.

City-St-Zip: KISSIMMEE, FL 34741

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: NAPOLEON N ESTRADA

GP

03/21/2008

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

\_\_\_\_\_  
Date