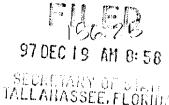
FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE





| LIMITED BARTAITON UP | FLORIDA DEPARTMENT OF | STATE | 0.70 |
|---|---|---|---|
| LIMITED PARTNERSHIP ANNUAL REPORT | Sandra B. Mortham | 97050 10 | AM 8:58 |
| 1998 | Secretary of State | | |
| 1990 | DIVISION OF CORPORATION | SECRETARY TALLAHASSE | E FLORINS |
| 1. Name of Limited Partnership | 1a. DOCUMENT # | ! | |
| | A9400000777 | | |
| ELAND SURGERY CENTER | , LTD. | 1 00 18 11 16 18 18 18 18 18 18 18 18 18 18 18 18 18 | |
| | | | AL 12/ |
| Aalling Address | Principal Office Address | 3. Date Formed or Registered | 5a. Capital Contributions as Shown on record. |
| ONE PARK PLAZA | ONE PARK PLAZA | 06/10/1994 | |
| IASHVILLE TN 37203 | P. O. BOX 570 | 3a. Date of Lest Report | \$1,000.00 |
| 18 | NASHVILLE TN 37202 US | 12/19/1996 | 5b. Amount of Capital Contributions in FLORIDA |
| | | 4. State or Country of Formation | Contributions in FLORIDA to date: |
| 2. Matting Address OX 750 | 28. Principal Office Address | 17a FL | |
| Sulte, Apt. #, etc. | Suite, Apt. #, etc. | 6. FEI Number | Applied For |
| CINASPISMANO TA | City Nagres 1 VILLE | 75-2548177 | Applied For Not Applicable |
| Country CA | 1406 4 1410 | 7. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 3720Z USA | ^{Zip} 37203 Country | 8. Make check payable to: Dept. of | f State (See reverse side for fee inform |
| 9. Name and Address of Curr | ent Registered Agent | 10. If changed, now Register | ed Agent/Office |
| THE PRENTICE HALL CORPORATION SY | /STEM_INC | | |
| 1201 HAYS ST. | Street Add | dress (P.O. Box Number is Not Acceptable) | |
| SUITE 105 | Suite, Apl | #, elc. | |
| TALLAHASSEE FL 32301 | City | | Zip Code |
| 10a. Pursuent to the provisions of sections 620.1051 | and 620.192, Florida Statutes, the above-named limited part | nershin organized or registered under the laws of | FL the State of Florida, submits this statem |
| for the purpose of changing its registered office agent. I am familiar with, and accept the obligat | or registered agent, or both, in the State of Florida. Such cha | ange was authorized by its general partner(s). I he | reby accept the appointment of register |
| | | | |
| SIGNATURE (Registered Agent Accepting Appointment) | | DATI | |
| | T IS A CORPORATION, LIMITED ST BE REGISTERED AND ACTI | | R BUSINESS ENTIT |
| 1. Name(s) of General Partner(s) | 11a. Address of Each General Parlner (Do NO1 Use Post Office Box Numbers) | 11b. City, State & Zip Code | 11c. Registration/ Document Number |
| | Asin manua maana | NASHVILLE TN 37203 | P94000043064 |
| SURGICARE OF DELAND, INC. | ONE PARK PLAZA | | |
| SURGICARE OF DELAND, INC. | ONE PARK PLAZA | | |
| SURGICARE OF DELAND, INC. | ONE PARK PLAZA | | |
| SURGICARE OF DELAND, INC. | ONE PARK PLAZA | 80000,0 | 384968; |
| SURGICARE OF DELAND, INC. | ONE PARK PLAZA | 800003 -12/2 **** | :324966; 3797-01126021 156,25 ****156,25 |
| SURGICARE OF DELAND, INC. | ONE PARK PLAZA | 80000a -12/2 **** | :3849682 379701126021 156.25 ****156.25 |
| SURGICARE OF DELAND, INC. | ONE PARK PLAZA | 800002 -12/2 **** | : 3,9,4,9,6,6,; 979701126021 !56,25 ****156,25 |
| | | **** | 156,25 ****156.25 |
| Note: General partners MAY NC 2. I do hereby certify that the information supplied with | OT be changed on this form; an am | *米学》 iendment must be filed to ch | 4.56, 25 ****156, 25 ange a general partner statutes. I release the Division of |
| Note: General partners MAY NC 2. Ido hereby certify that the information supplied will Corporations from any fiability of non-compliance withis annual report is true and accurate and that my | DT be changed on this form; an am th this filing is voluntarily furnished and does not qualily for th with Section 119.07(3)(k) in the event that the information sup signature shall have the same legal effects as if made unde | 非常等等 endment must be filed to ch e exemption stated in Section 119.07(3)(k), Florid plied is decrived exempt from public access. I furt | Ange a general partne statutes. I release the Division of her certify that the information indicated |
| Note: General partners MAY NC 2. I do hereby certify that the information supplied will Corporations from any liability of non-compliance withis annual report is true and accurate and that my empowered to execute this report as a quired by or | DT be changed on this form; an am th this filing is voluntarily furnished and does not qualily for th with Section 119.07(3)(k) in the event that the information sup signature shall have the same legal effects as if made unde | #半学来 endment must be filed to ch e exemption stated in Section 119.07(3)(k), Florid plied is deemed exempt from public access. I furt r oath. I further certify that I am a General Partner | ange a general partner as Statutes. I release the Division of her certify that the information indicated of the limited partnership, receivor or true |