

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000000777**

1. Entity Name

**DELAND SURGERY CENTER, LTD.**

**FILED**

01 SEP 17 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

**ONE PARK PLAZA  
NASHVILLE TN 37203  
US**

Mailing Address

**PO BOX 750  
NASHVILLE TN 37202  
US**

2. Principal Place of Business

**3401 West End Ave**

Suite, Apt. #, etc.

**Suite 760 120**

City & State

**Nashville TN**

Zip

**37203**

Country

**USA**

3. Mailing Address

**3401 West End Ave**

Suite, Apt. #, etc.

**Suite 760**

City & State

**Nashville TN**

Zip

**37203**

Country

**USA**

**DUE BY SEPTEMBER 26, 2001**

4. FEI Number

**75-2548177**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST.  
SUITE 105  
TALLAHASSEE FL 32301**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$1,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**1,000**

11. MAKE CHECK PAYABLE TO 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

DOCUMENT # **P94000043064**  
NAME **SURGICARE OF DELAND, INC.**  
STREET ADDRESS **ONE PARK PLAZA**  
CITY-ST-ZIP **NASHVILLE TN 37203**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **3401 West End Ave, Ste 760**  
CITY-ST-ZIP **Nashville TN 37203**

DOCUMENT #

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CITY-ST-ZIP

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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** **Charles T Neal** 8/28/07 615-234-7100

00000333 AB

CR2E003 (5/01)

STAPLE CHECK HERE