

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000000777**

1. Entity Name

DELAND SURGERY CENTER, LTD.

FILED

02 JUL 19 AM 8:57

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business

**3407 WESTEND AVE., STE. 120
NASHVILLE TN 37203
US**

Mailing Address

**3407 WESTEND AVE., STE. 120
NASHVILLE TN 37203
US**

2. Principal Place of Business

651 West Plymouth

3. Mailing Address

3401 West End Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deland, FL TN

City & State

Nashville TN

Zip

32720 US

Zip

37203

Country

US

DUE BY MAY 1, 2002

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.

DATE

9. Capital Contributions
as Shown on record.

\$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$ 56,000

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 **3407 WESTEND AVE., STE. 120**
CITY-ST-ZIP **NASHVILLE TN 37203**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

3401 West End Ave, Ste 120

CITY-ST-ZIP

Nashville TN 37203

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

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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

4/11/02

615-234-7900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)