

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016920 AT

DOCUMENT # A94000000777

1. Entity Name  
DELAND SURGERY CENTER, LTD.



FILED

03 MAY -2 PM 7:52

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

Principal Place of Business  
651 WEST PLYMOUTH  
DELAND FL 32720  
US

Mailing Address  
3401 WEST END AVE. STE 120  
NASHVILLE TN 37203



2. Principal Place of Business

3. Mailing Address

40 Burton Hills Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 400

DUE BY MAY 1, 2003

City & State

City & State

Nashville TN

4. FEI Number 75-2548177

Applied For

Not Applicable

Zip

Country

Zip

Country

37215

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Rd

City

Plantation

FL

Zip Code

33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

JENNIFER F AULTMAN  
ASSISTANT SECRETARY

DATE

9. Capital Contributions  
as Shown on record.

\$56,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

56,000

11. MAKE CHECK PAYABLE TO FL. 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

13. ADDRESS CHANGES ONLY

DOCUMENT # P94000043064  
NAME SURGICARE OF DELAND, INC.  
STREET ADDRESS 3401 WEST END AVE., STE 120  
CITY-ST-ZIP NASHVILLE TN 37203

STREET ADDRESS 40 Burton Hills Blvd Ste 500  
CITY-ST-ZIP Nashville TN 37215

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/15/03

Date

415-234-7900

Daytime Phone #

CR2E003 (10/02)

SAMPLE CHECK HERE