

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016920 AT

DOCUMENT # **A94000000777**



FILED

03 MAY -2 PM 7:52

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

1. Entity Name
DELAND SURGERY CENTER, LTD.

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
Suite, Apt. #, etc.

3. Mailing Address
40 Burton Hills Blvd

City & State
Nashville TN

Zip Country
37215 USA

DUE BY MAY 1, 2003

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
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 **JENNIFER F AULTMAN** -23-03
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 | |
|---------------------------------|------------------------------------|
| DOCUMENT # | P94000043064 |
| NAME | SURGICARE OF DELAND, INC. |
| STREET ADDRESS | 3401 WEST END AVE., STE 120 |
| CITY-ST-ZIP | NASHVILLE TN 37203 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDRESS CHANGES ONLY | |
|--------------------------|---------------------------------------|
| STREET ADDRESS | 40 Burton Hills Blvd, Ste 500 |
| CITY-ST-ZIP | Nashville TN 37215 |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | 200017914312 |
| CITY-ST-ZIP | 05/02/03--01107--024 ***480.75 |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| 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 SPOUNED** 4/15/03 415-234-7900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

SAMPLE CHECK HERE

CR2E003 (10/02)