2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

FILED DOCUMENT # A94000000920 2000 FEB 27 AM 11: 25 DELRAY OUTPATIENT SURGERY & LASER CENTER, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 13737 NOEL ROAD, STE 100 13737 NOEL ROAD, STE 100 DALLAS, TX 75240 DALLAS, TX 75240 01112008 No Chg-LP · CR2E003 (12/06) DO NOT WRITE IN THIS SPAC 4. FEI Number Applied For 65-0557950 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 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 FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 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 GENERAL PARTNER INFORMATION 12. DOCUMENT # K90618 NMV-II, INC. NAME STREET ADDRESS 13737 NOEL ROAD, STE 100 CITY-ST-ZIP DALLAS, TX 75240 DOCUMENT # 1001199307 NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADORESS

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Kristina A. Mack, Assistant Secretary

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

469-893-2701

Daytime Phone #