

2004 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A94000001186

FILED
Apr 26, 2004
Secretary of State

Entity Name: SURGICARE OF CENTRAL FLORIDA, LTD.

Current Principal Place of Business:

ONE PARK PLAZA
P.O. BOX 570
NASHVILLE, TN 37202

New Principal Place of Business:

ONE PARK PLAZA
NASHVILLE, TN 37203 US

Current Mailing Address:

ONE PARK PLAZA
P.O. BOX 570
NASHVILLE, TN 37202

New Mailing Address:

P.O. BOX 750
NASHVILLE, TN 37202 US

FEI Number: 75-2556633

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 333240000 US

Name and Address of New Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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:

04/26/2004

Electronic Signature of Registered Agent

Date

Capital Contributions as Shown on record: 1,000.00

Amount of Capital Contributions in Florida to date: 1,000.00

GENERAL PARTNER INFORMATION:

ADDRESS CHANGES ONLY:

Document #:

Name: SURGICARE OF CENTRAL FLORIDA, INC.

Address: ONE PARK PLAZA

City-St-Zip: NASHVILLE, TN 37203

Address:

City-St-Zip: NASHVILLE, TN 37203 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DORA A. BLACKWOOD, VP OF GENERAL PARTNER

VPAS

04/26/2004

Electronic Signature of Signing General Partner

Date