

2011 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A94000001186

FILED
Jun 14, 2011
Secretary of State

Entity Name: SURGICARE OF CENTRAL FLORIDA, LTD.

Current Principal Place of Business:

900 GRIFFIN ROAD
LAKELAND, FL 33804 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 750
NASHVILLE, TN 37202 US

New Mailing Address:

900 GRIFFIN ROAD
LAKELAND, FL 33804 US

FEI Number: 75-2556633

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DORSETT, KEVIN A
1247 LAKELAND HILLS BLVD
LAKELAND, FL 33805 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

GENERAL PARTNER INFORMATION:

Document #: L10000058499
Name: SURGICARE OF LAKELAND, LLC
Address: 1247 LAKELAND HILLS BLVD
City-St-Zip: LAKELAND, FL 33805 US

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

I hereby 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: KEVIN A. DORSETT

MGR

06/14/2011

Electronic Signature of Signing General Partner

Date