

2002 UNIFORM BUSINESS REPORT (UBR)

0016626 AT

DOCUMENT # **A94000001415**

1. Entity Name
PINELLAS SURGERY CENTER, LTD.

Principal Place of Business
**ONE PARK PLAZA
NASHVILLE TN 37203**

Mailing Address
**POST OFFICE BOX 750 - LEGAL DEPT.
NASHVILLE TN 37202**

FILED

02 APR 17 AM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2002

4. FEI Number **75-2563226** 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 STREET
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 Road**
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.

SIGNATURE **JENNIFER F AULTMAN**
Signature, typed or printed name of registered agent and title if applicable. **ASSISTANT SECRETARY**

1-11-02
DATE

9. Capital Contributions as Shown on record. **\$490,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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 # **P94000015540**
NAME **SURGICARE OF PINELLAS, INC.**
STREET ADDRESS **825 N. GARLAND STREET, SUITE 200**
CITY-ST-ZIP **ORLANDO FL 32801**

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13. ADDRESS CHANGES ONLY

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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: **Donald J. Anderson** Assistant Sec. 3-22-02 344-2190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)