## 2004 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A94000001415

Entity Name: PINELLAS SURGERY CENTER, LTD.

FILED Apr 23, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

ONE PARK PLAZA ONE PARK PLAZA

NASHVILLE, TN 37203 NASHVILLE, TN 37203 US

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 750 - LEGAL DEPT. P.O. BOX 750 NASHVILLE, TN 37202 P.O. BOX 750 LEGAL DEPT.

NASHVILLE, TN 37202 US

FEI Number: 75-2563226 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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: 04/23/2004

Electronic Signature of Registered Agent Date

Capital Contributions as Shown on record: 490,000.00

Amount of Capital Contributions in Florida to date: 490,000.00

GENERAL PARTNER INFORMATION: ADDRESS CHANGES ONLY:

Document #:

Name: SURGICARE OF PINELLAS, INC. Address: 825 N. GARLAND STREET, SUITE 200

Address: 825 N. GARLAND STREET, SUITE 200 Address: ONE PARK PLAZA
City-St-Zip: ORLANDO, FL 32801 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 04/23/2004