LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN 12 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A94000001415

1. Entity Name

Pinellas Surgery Center, Ltd.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	DUE BY MAY 1
One Park Plaza	P.O. Box 750	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: Nashville, TN	City & State: Nashville, TN	4. FEI Number: 75-2563226 ☐ Applied For ☐ Not Applicable
Zip: 37203 Country:	Zip: 37202-0750 Country:	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record	10. Amount of Capital Contributions in FLORIDA to date	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$490,000.00		

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.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	P94000015540	STREET ADDRESS	
NAME	Surgicare of Pinellas, Inc.	CITY-ST-ZIP	100020808011 06/12/03--01078--005 **526.25
STREET ADDRESS	One Park Plaza		
CITY-ST-ZIP	Nashville, TN 37203		
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STAPLE CHECK HERE

CR2E003B (12/02)

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: _____ David L. Denson, VP & Asst Secy 6/6/2003 (615)344-2618

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

of Surgicare of Pinellas, Inc., general partner