

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT  
TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 DEC -8 AM 9:10



1. Name of Limited Partnership

1a. DOCUMENT #  
**A95000000044**

**MARTIN MEMORIAL SURGERY CENTER, LTD.**

Mailing Address

**509 RIVERSIDE DRIVE  
STUART FL 34994**

Principal Office Address

**509 RIVERSIDE DRIVE  
STUART FL 34994**

3. Date Formed or Registered

**01/09/1995**

5a. Capital Contributions as  
Shown on record.

**\$900,000.00**

3a. Date of Last Report

**01/09/1997**

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

4. State or Country of Formation

**FL**

6. FEI Number

**65-0556038**

☐ Applied For  
☒ Not Applicable

7. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**HARMAN, RICHMOND M  
300 HOSPITAL AVE.  
STUART FL 34996**

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

**FL**

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

**COASTAL CARE CORPORATION**

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

**509 RIVERSIDE DRIVE**

11b. City, State & Zip Code

**STUART FL 34994**

11c. Registration/  
Document Number

**766843**

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-12/12/97--01095--007  
\*\*\*\*541.25 \*\*\*\*541.25

*dec*

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE

*RMH*

DATE

**12/2/97**

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR25003 (6/97)