

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1999**



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

1/14/99
99 JAN 15 PM 3:22

1. Name of Limited Partnership

1a. **DOCUMENT #
A95000000044**

MARTIN MEMORIAL SURGERY CENTER, LTD.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

12/08/1997

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 information)

2. Mailing Address

Suite, Apt #, etc

City & State

Zip Country

2a. Principal Office Address

Suite, Apt #, etc

City & State

Zip Country

9. Name and Address of Current Registered Agent

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

Name

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

Suite, Apt #, etc

City

10. If changed, new Registered Agent/Office

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

768843

SECRETARY OF STATE
1/14/99 - 01078 - 015
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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 state 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. Further, I 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

Mark E. Rogisville

DATE

1/14/99

Typed or Printed Name of General Partner Signing Form

MARK E. ROGISVILLE

Daytime Telephone Number (561) 287-5200

CR2E003 (6/99)