

# **2004 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A95000000044

**FILED**  
**Apr 29, 2004**  
**Secretary of State**

**Entity Name:** MARTIN MEMORIAL SURGERY CENTER, LTD.

**Current Principal Place of Business:**

509 RIVERSIDE DRIVE  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 9010  
STUART, FL 34995

**New Mailing Address:**

**FEI Number:** 65-0556038

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Capital Contributions as Shown on record:** 900,000.00

**Amount of Capital Contributions in Florida to date:** 900,000.00

**GENERAL PARTNER INFORMATION:**

**ADDRESS CHANGES ONLY:**

Document #:

Name: COASTAL CARE CORPORATION

Address: 509 RIVERSIDE DRIVE

City-St-Zip: STUART, FL 34994

Address:

City-St-Zip:

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: RICHMOND M. HARMAN

PRES

04/29/2004

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date