2004 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A95000000090

Entity Name: SURGICARE OF WEST PALM BEACH, LTD.

FILED Apr 26, 2004 Secretary of State

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

ONE PARK PLAZA ONE PARK PLAZA

NASHVILLE, TN 37202 NASHVILLE, TN 37203 US

Current Mailing Address: New Mailing Address:

P.O. BOX 570 P.O. BOX 750 NASHVILLE, TN 37202 LEGAL DEPT.

NASHVILLE, TN 37202 US

FEI Number: 62-1600416 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: 04/26/2004

Electronic Signature of Registered Agent Date

Capital Contributions as Shown on record: 1,000.00

Amount of Capital Contributions in Florida to date: 1,000.00

GENERAL PARTNER INFORMATION: ADDRESS CHANGES ONLY:

Document #:

Name: HEALTH SERVICES (DELAWARE), INC.

Address: ONE PARK PLAZA Address:

City-St-Zip: NASHVILLE, FL 37202 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 04/26/2004