

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A95000000170

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** SURGICARE OF ST. ANDREWS, LTD.

**Current Principal Place of Business:**

ONE PARK PLAZA  
NASHVILLE, TN 37203 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 61-1276561      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**GENERAL PARTNER INFORMATION:**

Document #: P95000007936  
Name: SURGICARE OF ST. ANDREWS, INC.  
Address: ONE PARK PLAZA  
City-St-Zip: NASHVILLE, TN 37203 US

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby 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

VPS

04/29/2010

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

\_\_\_\_\_  
Date