2007 LIMITED PARTNERSHIP ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

DOCUMENT# A95000000738

Entity Name: WEST PALM OUTPATIENT SURGERY AND LASER CENTER, LTD.

Current Principal Place of Business:

200 NORTHPOINT PKWY
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

200 NORTHPOINT PKWY
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 65-0592518 **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 #: M03000003039
Name: NSC WEST PALM, LLC
Address: 191 N. WACKER, STE. 925
City-St-Zip: CHICAGO, IL 60606

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: GREGORY R CUNNIFF VP 04/25/2007

Electronic Signature of Signing General Partner — Date