

2008 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A95000000944

FILED
Apr 28, 2008
Secretary of State

Entity Name: LAKE SURGERY & ENDOSCOPY CENTER, LTD.

Current Principal Place of Business:

8100 C.R. 44 LEG-A
LEESBURG, FL 34788

New Principal Place of Business:

Current Mailing Address:

8100 C.R. 44 LEG-A
LEESBURG, FL 34788

New Mailing Address:

FEI Number: 59-3325730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISMAIL, AKRAM M.D.
8110 CR 44 LEG A
LEESBURG, FL 34788 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 #: P95000048884
Name: BLUE NILE III, INC.
Address: 8100 C.R. 44 LEG-A
City-St-Zip: LEESBURG, FL

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: AKRAM ISMAIL, MD

P

04/28/2008

Electronic Signature of Signing General Partner

Date