

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC 29 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A96000000304

BHS AMBULATORY SURGICAL CENTER AT BAPTIST, LTD.



Mailing Address

Principal Office Address

~~8900 NORTH KENDALL DRIVE~~
~~MIAMI FL 33176~~

~~8900 NORTH KENDALL DRIVE~~
~~MIAMI FL 33176~~

3. Date Formed or Registered

02/14/1996

5a. Capital Contributions as
Shown on record.

\$600,000.00

3a. Date of Last Report

09/26/1997

5b. Amount of Capital
Contributions in FLORIDA
to date:

*600,000.00

4. State or Country of Formation

FL

2. Mailing Address

6855 RED ROAD

2a. Principal Office Address

6855 RED ROAD

Suite, Apt. #, etc.

600

Suite, Apt. #, etc.

600

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33143

Country

USA

Zip

33143

Country

USA

6. FEI Number

65-0663357

☐

Applied For

☐

Not Applicable

7. Certificate of Status Desired

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\$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

BAPTIST MEDICAL SERVICES CORP.
8900 NORTH KENDALL DRIVE
MIAMI FL 33176

10. If changed, new Registered Agent/Office

Name

JODY LEHMAN

Street Address (P.O. Box Number is Not Acceptable)

6855 RED ROAD

Suite, Apt. #, etc.

STE 500

City

CORAL GABLES

FL

Zip Code

33143

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

Jody Lehman

DATE 12-18-98

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

BAPTIST MEDICAL SERVICES COR

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

8900 NORTH KENDALL DR

11b. City, State & Zip Code

MIAMI FL 33176

11c. Registration/
Document Number

P94000049707

300002742733-7
-01/14/99-01126-0077
****535.00 ****535.00

✓ 1-13

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Brian E. Keeley

DATE 12-21-98

Typed or Printed Name of General Partner Signing Form

BRIAN E. KEELEY

Daytime Telephone Number

(305) 273-2555

CR2E003 (8/88)