

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000304**

1. Entity Name

BHS AMBULATORY SURGICAL CENTER AT BAPTIST, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 27 AM 3:05

Principal Place of Business

**6855 RED ROAD
SUITE 600
CORAL GABLES FL 33143**

Mailing Address

**6855 RED ROAD
SUITE 600
CORAL GABLES FL 33143-3647**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0663357

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LEHMAN, JODY
6855 RED ROAD
SUITE 500
CORAL GABLES FL 33143**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$600,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$600,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P94000049707**
NAME **BAPTIST MEDICAL SERVICES CORP.**
STREET ADDRESS **8900 NORTH KENDALL DRIVE**
CITY - ST - ZIP **MIAMI FL 33176**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

6855 Red Road - Suite 600

CITY - ST - ZIP

Coral Gables, FL 33143

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

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NAME

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14. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE REQUIRED

4/19/2000 305.273.2555

Date

Daytime Phone #