

2001 UNIFORM BUSINESS REPORT (UBR)

0004750 AF

DOCUMENT # A96000000304

1. Entity Name

BHS AMBULATORY SURGICAL CENTER AT BAPTIST, LTD.

Principal Place of Business

6855 RED ROAD
SUITE 600
CORAL GABLES FL 33143

Mailing Address

6855 RED ROAD
SUITE 600
CORAL GABLES FL 33143

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEHMAN, JODY

6855 RED ROAD
SUITE 500
CORAL GABLES FL 33143

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.

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P94000049707
NAME BAPTIST MEDICAL SERVICES CORP.
STREET ADDRESS 6855 RED ROAD-SUITE 600
CITY-ST-ZIP CORAL GABLES FL 33143

STREET ADDRESS

CITY-ST-ZIP

400004164054--7

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/15/01

305-596-1960
Daytime Phone #

CR2E003 (11/00)

FILED
01 APR 23 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE