


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Jun 01, 2004 08:00 AM
Secretary of State
CK 40410

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



02052004 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0663357

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Applied For
Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record. **\$600,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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	STREET ADDRESS	
NAME	BAPTIST MEDICAL SERVICES CORP.	CITY - ST - ZIP	
STREET ADDRESS	6855 RED ROAD-SUITE 600		
CITY - ST - ZIP	CORAL GABLES, FL 33143		
DOCUMENT #		STREET ADDRESS	U00000162053
NAME		CITY - ST - ZIP	06/03/04-80006-015 526.25
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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]* 4/24/04 786.662.7111