


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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 DAVID R. FRIEDMAN, ESQ.	
Street Address (P.O. Box Number is Not Acceptable) 6855 Red Road-Suite 500	
City Miami,	FL Zip Code 33143

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <u>4/7/06</u>

FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00	
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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	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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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 exemptions contained in Chapter 119, 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: <u>Prosello</u>	DATE: <u>3/14/06</u>	DAYTIME PHONE: <u>7866627280</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		

FILED

06 MAY -11 PM 4:54 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03062006 Chg-LP CR2E003 (11/05)

4. FEI Number 65-0663357	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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STAPLE CHECK HERE