

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

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 - No P.O. Box # **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country** Zip **Country**

01102007 Chg-LP CR2E003 (12/06)

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

**FRIEDMAN, DAVID R ESQ.
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

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

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00**

**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:

Patricia Rosello

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED

2007 APR -5 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



STAPLE CHECK HERE

317107 786-662-7022