

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED

08 FEB -8 PM 2: 33

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



01252008 Chg-LP CR2E003 (12/06)

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 # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 65-0663357				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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	<div style="border: 1px solid black; padding: 2px;"> 60011807207E 02/14/08--01045--005 **500.00 </div>	
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		
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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> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<u>1/28/08</u> <u>786-662-7022</u> <small>Date Daytime Phone #</small>		

STAPLE CHECK HERE