

2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A96000000304

FILED
Apr 08, 2009
Secretary of State

Entity Name: BHS AMBULATORY SURGICAL CENTER AT BAPTIST, LTD.

Current Principal Place of Business:

6855 RED ROAD
SUITE 600
CORAL GABLES, FL 33143

New Principal Place of Business:

Current Mailing Address:

6855 RED ROAD
SUITE 600
CORAL GABLES, FL 33143

New Mailing Address:

FEI Number: 65-0663357

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRIEDMAN, DAVID R ESQ.
6855 RED ROAD
SUITE 500
CORAL GABLES, FL 33143 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

GENERAL PARTNER INFORMATION:

Document #: P94000049707
Name: BAPTIST MEDICAL SERVICES CORP.
Address: 6855 RED ROAD-SUITE 600
City-St-Zip: CORAL GABLES, FL 33143

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

Electronic Signature of Signing General Partner

04/08/2009

Date