

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010005 AT

DOCUMENT # **A96000000304**

1. Entity Name  
**BHS AMBULATORY SURGICAL CENTER AT BAPTIST, LTD.**



FILED

2003 MAY 14 PM 4:51

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



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

**DUE BY MAY 1, 2003**

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

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

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

DATE

9. Capital Contributions  
as Shown on record.

**\$600,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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**  
NAME **BAPTIST MEDICAL SERVICES CORP.**  
STREET ADDRESS **6855 RED ROAD-SUITE 600**  
CITY-ST-ZIP **CORAL GABLES FL 33143**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**000018942940**

**05/14/03 01057 019 \*\*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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/7/03**

**786-2662-7022**

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE