

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000000366

1. Entity Name

THE EDWARD AND LUCILLE KIMMEL OUTPATIENT SURGICA

Principal Place of Business

C/O GOOD SAMARITAN HOSP.//ATTN V. LARCOMBE
1309 N. FLAGLER DRIVE
WEST PALM BEACH FL 33401

Mailing Address

C/O GOOD SAMARITAN HOSP.//ATTN V. LARCOMBE
1309 N. FLAGLER DRIVE
WEST PALM BEACH FL 33401-3406



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

75-2528712

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

XX

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LARCOMBE, VALERIE ESQ.
C/O GOOD SAMARITAN HOSPITAL
1309 N. FLAGLER DRIVE
WEST PALM BEACH FL 33401

Name
Valerie G. Larcombe, Esquire

Street Address (P.O. Box Number is Not Acceptable)
Akerman Senterfitt

777 S. Flagler Drive, Suite 900E

City
West Palm Beach

FL

Zip Code
33401

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.

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

Valerie G. Larcombe 4/27/00

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$1,200,000.00

10. Amount of Capital Contributions in FLORIDA to date.

same

11. MAKE CHECK PAYABLE TO 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 # N46613
NAME ST. MARY'S ASC, INC.
STREET ADDRESS 1309 N. FLAGLER DRIVE
CITY - ST - ZIP WEST PALM BEACH FL 33401

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
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06/15/00 01088-021

****535.00 ****535.00

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

Steven Nathan 4/27/00 561-650-6201
President & CEO Date Daytime Phone #

FILED
MAY - 1 PM 3 13
SECRETARY OF STATE
TREASURY OF FLORIDA