FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 FEB -9 PM 1:23

1. Name of Limited Partnership

1a. DOCUMENT # A96000001019

St. Augustine Surgery Center, Ltd.

Mailing Address	Principal Office Address
4555 Emerson Expressway Jacksonville, Fl 32207	180 Southpark Blvd St. Augustine, Fl 32086

3. Date Formed or Registered: 5/30/96

3a. Date of Last Report:

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record: 300,000

5b. Amount of Capital Contributions in FLORIDA to date: 300,000

2. Mailing Address	**2a.** Principal Office Address
4555 Emerson Expressway	180 Southpark Blvd
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.
City & State: Jacksonville, FL 32207	City & State: St. Augustine, Fl 32086
Zip / Country	Zip / Country

6. FEI Number: 59-3397798 ☐ Applied For ☐ Not Applicable

7. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent	**10.** If changed, new Registered Agent/Office
Brett J. Lewis 4651 Salisbury Road Suite 155 Jacksonville, Fl 32256	Name: Street Address (P.O. Box Number Is Not Acceptable): 4555 Emerson Expressway Suite, Apt. #, etc.: Suite 200 City: Jacksonville FL Zip Code: 32207

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE 2/5/98

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	**11a.** Address of Each General Partner (Do NOT Use Post Office Box Numbers)	**11b.** City, State & Zip Code	**11c.** Registration/ Document Number
St. Augustine Surgery Center, Inc.	4555 Emerson Expressway Suite 200	Jacksonville, Fl 32207	P95000048081

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****541.25 ****541.25

437.50 103.75 dcc

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE _____ DATE 2/5/98

Typed or Printed Name of General Partner Signing Form: Brett J. Lewis Daytime Telephone Number 904 399-2126

CR2E003 (6/97)