

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra Northam**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 OCT 28 PM 12:33

1. Name of Limited Partnership

1a. DOCUMENT #  
**A96000001330**

**SURGICAL ASSOCIATES OF OVIEDO, LIMITED PARTNERSHIP**



Mailing Address

1000 W. BROADWAY STREET  
OVIEDO FL 32765

Principal Office Address

1000 W. BROADWAY STREET  
OVIEDO FL 32765

3. Date Formed or Registered

07/16/1996

5a. Capital Contributions as  
Shown on record

\$600,000.00

3a. Date of Last Report

None

4. State or Country of Formation

FL

5b. Amount of Capital  
Contributions in FLORIDA  
to date

-0-

2. Mailing Address

4401 S. Orange Avenue

2a. Principal Office Address

4401 S. Orange Avenue

Suite, Apt. #, etc

Suite 113

Suite, Apt. #, etc

Suite 113

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32806

Country

Zip

32806

Country

6. FEI Number

59-3384367

☐ 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

ROWE, J. MICHAEL  
C/O ORLANDO REGIONAL HEALTH NETWORK, INC.  
4401 S. ORANGE AVENUE, SUITE 113  
ORLANDO FL 32806

10. If changed, new Registered Agent/Office

Name

David L. Evans

Street Address (P.O. Box Number Is Not Acceptable)

225 E. Robinson St.

Suite, Apt. #, etc

Suite 600

City

Orlando

FL

Zip Code

32801

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)

*[Signature]*

DATE

10/7/96

**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)

ORLANDO REGIONAL NETWORK, IN

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

4401 S. ORANGE AVE.,

11b. City, State & Zip Code

ORLANDO FL 32806

11c. Registration/  
Document Number

N94000003930

800001992768--2  
-10/31/96--01095--001  
\*\*\*\*\*226.25 \*\*\*\*\*226.25  
800001992768--2  
-10/31/96--01095--002  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

*dec cus*

**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

*J. Michael Rowe*

DATE

10/11/96

Typed or Printed Name of General Partner Signing Form

J Michael Rowe

Daytime Telephone Number

407-826-3000

CR2E003 (6/96)