


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

LIMITED PARTNERSHIP ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra Mortham</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  96 DEC 23 AM 9:07  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>1. Name of Limited Partnership</b> <b>Coral View Surgery Center, Ltd.</b>		<b>1a. DOCUMENT #</b> <b>A96000002102</b>			
<b>Mailing Address</b> <b>8390 West Flagler Street</b> <b>Suite 216</b> <b>Miami, FL 33144</b>		<b>Principal Office Address</b> <b>8390 West Flagler Street</b> <b>Suite 216</b> <b>Miami, FL 33144</b>		<b>3. Date Formed or Registered</b> <b>11/18/96</b>  <b>3a. Date of Last Report</b> <b>N/A</b>  <b>4. State or Country of Formation</b> <b>Florida</b>	
<b>2. Mailing Address</b> <b>8390 West Flagler Street</b> <b>Suite, Apt. #, etc.</b> <b>Suite 216</b> <b>City &amp; State</b> <b>Miami, FL 33144</b> <b>Zip</b>		<b>2a. Principal Office Address</b> <b>8390 West Flagler Street</b> <b>Suite, Apt. #, etc.</b> <b>Suite 216</b> <b>City &amp; State</b> <b>Miami, FL 33144</b> <b>Zip</b>		<b>5a. Capital Contributions as Shown on record</b> <b>\$160,367.00</b>  <b>5b. Amount of Capital Contributions in FLORIDA to date</b> <b>\$160,367.00</b>  <b>6. FEI Number</b> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable  <b>7. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  <b>8. Make check payable to Dept. of State (See reverse side for fee information)</b>	

<b>9. Name and Address of Current Registered Agent</b>  <b>VICTOR N. SUAREZ, M.D.</b> <b>8390 W. FLAGLER ST #216</b> <b>MIAMI, FL 33144</b>	<b>10. If changed, new Registered Agent/Office</b> <b>Name</b> <b>Victor Suarez, M.D.</b> <b>Street Address (P.O. Box Number Is Not Acceptable)</b> <b>8390 West Flagler Street</b> <b>Suite, Apt. #, etc.</b> <b>Suite 216</b> <b>City</b> <b>Miami</b>
<b>10a.</b> 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.  <i>Victor Suarez</i> SIGNATURE (Registered Agent Accepting Appointment)	
DATE <b>12-18-96</b>	

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

<b>11. Name(s) of General Partner(s)</b>  <b>Coral View Ambulatory Surgery, Inc.</b>	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b> <b>8390 West Flagler St.</b> <b>Suite 216</b>	<b>11b. City, State &amp; Zip Code</b> <b>Miami, FL 33144</b>	<b>11c. Registration/Document Number</b> <b>698330</b>
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**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

<b>12.</b> 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.  <b>CORAL VIEW AMBULATORY SURGERY, INC., General Partner</b>		DATE <b>12-18-96</b>
SIGNATURE <i>Victor Suarez</i>	<b>Victor Suarez, M.D., its President</b>	
Typed or Printed Name of General Partner Signing Form		Telephone Number <b>305/226-5574</b>

CR2E003 (6/96)