

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 DEC 26 AM 10:49

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1/7

1. Name of Limited Partnership

1a. DOCUMENT #
A96000002102

CORAL VIEW SURGERY CENTER, LTD.



Mailing Address

8390 WEST FLAGLER STREET, SUITE 216
MIAMI FL 33144

Principal Office Address

8390 WEST FLAGLER STREET, SUITE 216
MIAMI FL 33144

3. Date Formed or Registered

11/18/1996

3a. Date of Last Report

12/23/1996

4. State or Country of Formation

FL

5a. Capital Contributions as
Shown on record.

\$160,367.00

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

\$160,367.00

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

65-0708055

☐ 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

SUAREZ, VICTOR MD
8390 W FLAGLER ST #216
MIAMI FL 33144

10. If changed, new Registered Agent/Office

Name

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

500002394635--8

Suite, Apt. #, etc.

-01/08/98-01102-015

City

***541.25

***541.25

FL

Zip Code

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

**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)

CORAL VIEW AMBULATORY SURGER

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

~~8390 WEST FLAGLER STR~~
5902 NW 110 CT

11b. City, State & Zip Code

MIAMI FL 33144
MIAMI FL 33178

11c. Registration/
Document Number

698330

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

Victor Suarez

DATE

9-9-97

Typed or Printed Name of General Partner Signing Form

VICTOR SUAREZ, MD

Daytime Telephone Number

305-2265574

CR2E003 (6/97)