

2006 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A96000002102

FILED
May 01, 2006
Secretary of State

Entity Name: CORAL VIEW SURGERY CENTER, LTD.

Current Principal Place of Business:

8390 WEST FLAGLER STREET, SUITE 216
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

8390 WEST FLAGLER STREET, SUITE 216
MIAMI, FL 33144

New Mailing Address:

FEI Number: 65-0708055 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

GENERAL PARTNER INFORMATION:

Document #: 698330
Name: CORAL VIEW AMBULATORY SURGERY, INC.
Address: 5902 NW 110 CT
City-St-Zip: MIAMI, FL 33178

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: VICTOR SUAREZ

PRES

05/01/2006

Electronic Signature of Signing General Partner

Date