

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

FILED

97 DEC 15 AM 10:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

1. Name of Limited Partnership

1a. DOCUMENT #
A97000000461

GARDENS SURGERY CENTER OF PALM BEACH COUNTY, LTD

Mailing Address

777 SOUTH FLAGLER DRIVE, SUITE 1000E
WEST PALM BEACH FL 33401

Principal Office Address

3801 PGA BLVD.
PALM BEACH GARDENS FL 33410

3. Date Formed or Registered

02/21/1997

3a. Date of Last Report

5a. Capital Contributions as
Shown on record.

\$3,200,000.00
~~\$200,000.00~~

5b. Amount of Capital
Contributions in FLORIDA
to date

\$3,200,000.00

4. State or Country of Formation

FL

6. FEI Number

65-0731984

☐ 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)

2. Mailing Address

c/o Mary H. Yumibe

Suite, Apt. #, etc.

3820 State Street

City & State

Santa Barbara, CA

Zip

Country

93105

USA

2a. Principal Office Address

3801 PGA Blvd.

Suite, Apt. #, etc.

Suite 602

City & State

Palm Beach Gardens, FL

Zip

Country

33410

USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. If changed, now Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

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)

GARDENS SURGERY CEN. OF PALM
Palm Beach Gardens
Community Hospital, Inc.

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

777 SOUTH FLAGLER DRI
3360 Burns Road

11b. City, State & Zip Code

WEST PALM BEACH FL 33
Palm Beach Gardens, FL
33410

11c. Registration/
Document Number

P97000014882
373650

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-12/26/97--01114--025
****541.25 ****541.25

BYC 12/15/97

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.

Palm Beach Gardens Community Hospital, Inc., Gen. Partner

SIGNATURE

Alan Lundgren

DATE 12/8/97

Typed or Printed Name of General Partner Signing Form

Alan Lundgren, Asst. Secretary

Daytime Telephone Number

805/563-7075

CR2003 (6/97)