

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0016615
AT

DOCUMENT # **A97000001223**

1. Entity Name

**COLUMBIA LAKE WORTH SURGICAL CENTER LIMITED PART
NERSHIP**

02 APR 17 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
2889 10TH AVENUE NORTH, STE. 304 LAKE WORTH FL 33461 P.O. BOX 750 NASHVILLE TN 37202



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State City & State

4. FEI Number **62-1694182** Applied For Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

Name **CT Corporation System**
Street Address (P.O. Box Number is Not Acceptable) **1200 South Pine Island Road**
City **Plantation** FL Zip Code **33324**

8. 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 Signature, typed or printed name of registered agent and title if applicable

**JENNIFER F. FAULTMAN
ASSISTANT SECRETARY**

4-11-02
DATE

9. Capital Contributions as Shown on record. **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **M97000000276**
NAME **COLUMBIA PALM BEACH GP, LLC**
STREET ADDRESS **ONE PARK PLAZA**
CITY-ST-ZIP **NASHVILLE TN 37203**

STREET ADDRESS
CITY-ST-ZIP

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: **David A. Denson Assistant Sec. 3-22-02 344-2490**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)