


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership  FLORIDA HOSPITAL WATERMAN AMBULATORY SURGERY CENTER, LTD.		1a. DOCUMENT # A97000001444	
Mailing Address 1110 WATERMAN WAY TAVARES FL 32778		Principal Office Address 1110 WATERMAN WAY TAVARES FL 32778	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Formed or Registered 06/26/1997		5a. Capital Contributions as Shown on record. \$800,000.00	
3a. Date of Last Report 04/21/1998		5b. Amount of Capital Contributions in FLORIDA to date: \$800,000	
4. State or Country of Formation FL		6. FEI Number 59-3454624 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to Dept. of State (See reverse side for fee information) \$526.25	
9. Name and Address of Current Registered Agent <del>PETTUJOHN, KELLY</del> C/O FLORIDA HOSPITAL WATERMAN AMBULATORY 1 WEST PARK AVENUE EUSTIS FL 32726		10. If changed, new Registered Agent/Office Name: MARY ELLEN PARRY Street Address (P.O. Box Number Is Not Acceptable): 1110 Waterman Way Suite, Apt. #, etc.: City: TAVARES FL Zip Code: 32778	
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) <u>Mary Ellen Parry</u> DATE <u>12/28/98</u>			
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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
FLORIDA HOSPITAL WATERMAN AM	1 WEST PARK AVENUE	EUSTIS FL 32726	G96361000028
000002743230--1 -01/15/99--01016--025 *****526.25 *****526.25			
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 <u>Kenneth R. Mattison</u> DATE <u>12/28/98</u>			
Typed or Printed Name of General Partner Signing Form <u>Kenneth R. Mattison, Chairman</u> Daytime Telephone Number <u>352-589-3300</u>			

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 DEC 30 PM 2:19



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