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

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DIVISION OF CORPORATIONS
98 JAN 29 PM 4:26

LIMITED PARTNERSHIP ANNUAL REPORT 1998

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

1. Name of Limited Partnership

SURGICAL ASSOCIATES OF NORTH BROWARD, LIMITED PARTNERSHIP

1a. DOCUMENT #
A97000002786

400002421664--6
-02/04/98--01098--001
****523.75 ****523.75

Mailing Address	Principal Office Address
4800 N. Federal Hwy. Suite 101-E Boca Raton, FL 33431	Same

2. Mailing Address Same	**2a. Principal Office Address** Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered
12/15/97

3a. Date of Last Report
N/A

4. State or Country of Formation
Florida

5. FEI Number
☒ Applied For
☐ Not Applicable

6. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Capital Contributions as Shown on Record.
$250,000

7a. Amount of Capital Contributions in FLORIDA to date.
$ 60,000

8. Make check payable to Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

Beth A. Landel
4800 N. Federal Highway
Suite 101-E
Boca Raton, FL 33431

10. If changed, new Registered Agent/Office

Name: N/A
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City FL Zip Code

10a. Pursuant to the provisions of sections 620.1021 and 620.105, 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 620.105, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) X _____ DATE 1/8/98

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
BMJ of North Broward, Inc.	4800 N. Federal Hwy.	Boca Raton, FL 33431	97000005841

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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 X _____ DATE 1/8/98

Typed or Printed Name of General Partner Signing Form: BMJ OF NORTH BROWARD, INC. Daytime Telephone Number: (561) 391-1311

By: Beth A. Landel, President

PROCESSED (USER)