

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

FILED

98 DEC 18 PM 4: 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #
A98000000777

MEADOW LANE SURGERY CENTER LIMITED PARTNERSHIP

Mailing Address

5652 MEADOW LANE
NEW PORT RICHEY FL 34652

Principal Office Address

5652 MEADOW LANE
NEW PORT RICHEY FL 34652

3. Date Formed or Registered

03/25/1998

3a. Date of Last Report

5a. Capital Contributions as
Shown on record.

\$100.00

5b. Amount of Capital
Contributions in FLORIDA
to date:

4. State or Country of Formation

FL

6. FEI Number

59-3504623

☐ 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

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

GASSMAN, ALAN S
1245 COURT STREET, SUITE 102
CLEARWATER FL 33756

10. If changed, new 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)

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

11b. City, State & Zip Code

11c. Registration/
Document Number

UROLOGY HEALTH CENTER, INC.

5652 MEADOW LANE

NEW PORT RICHEY FL 34

P93000002112

8000002726298--1
-12/30/98--01053--016
****141.25 ****141.25

[Signature]

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 *[Signature]*

DATE

11/30/98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (8/96)