

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 6, 2006**

**FILED**  
**Jul 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A98000000777**

1. Entity Name  
**MEADOW LANE SURGERY CENTER LIMITED PARTNERSHIP**



Principal Place of Business  
**5652 MEADOW LANE  
NEW PORT RICHEY, FL 34652**

Mailing Address  
**5652 MEADOW LANE  
NEW PORT RICHEY, FL 34652**



07032006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-3504623**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CHOVNICK, STANLEY D  
5652 MEADOW LANE  
NEW PORT RICHEY, FL 34652**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

*Stanley D Chovnick*

July 3, 2006  
DATE

**FILE NOW!!! FEE IS \$500.00  
Due by September 6, 2006**

In accordance with s. 607.193(2)(b), F.S.,  
the limited partnership did not receive the  
prior notice.

**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**

DOCUMENT # **P93000002112**  
NAME **UROLOGY HEALTH CENTER, INC.**  
STREET ADDRESS **5652 MEADOW LANE**  
CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

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U00000569567  
07/12/06-80003-001 508.75

**DO NOT WRITE  
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/3/2006  
Date

Daytime Phone #