

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

639

FILED
Apr 10, 2007 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



03272007 No Chg-LP

CR2E003 (12/06)

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.

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000698559
04/19/07-80006-021 500.00

DO NOT WRITE
IN THIS SPACE

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

Date

Daytime Phone #

Stanley D. Chovnick, General Partner

MARCH 28, 2007 727-847821

STAPLE CHECK HERE