

2008 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A98000000777

FILED
Sep 02, 2008
Secretary of State

Entity Name: MEADOW LANE SURGERY CENTER LIMITED PARTNERSHIP

Current Principal Place of Business:

5652 MEADOW LANE
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

5652 MEADOW LANE
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 59-3504623 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

Name and Address of Current Registered Agent:

AYLWARD, ROBERT E
600 S MAGNOLIA AVE
STE 125
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

GENERAL PARTNER INFORMATION:

Document #: P07000106680
Name: MLSGCP INC
Address: 5652 MEADOW LANE
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSEPH STAFFETTI

DR.

09/02/2008

Electronic Signature of Signing General Partner

Date