

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 MAR 30 PM 4:18

1. Name of Limited Partnership

1a. DOCUMENT #
A98000001126

VISION TWENTY-ONE SURGERY CENTER, LTD.

Mailing Address

7209 BRYAN DAIRY ROAD
LARGO FL 33777

Principal Office Address

7209 BRYAN DAIRY ROAD
LARGO FL 33777

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Formed or Registered

05/01/1998

3a. Date of Last Report

4. State or Country of Formation

FL

6. FEI Number

59-3510176

7. Certificate of Status Desired

☐ Applied For
☒ Not Applicable

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

5a. Capital Contributions as
Shown on record

\$10,000.00

5b. Amount of Capital
Contributions in FLORIDA
to date

9. Name and Address of Current Registered Agent

SMITH, DARRELL C
101 EAST KENNEDY BLVD., SUITE 2800
TAMPA FL 33602

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)

VISION TWENTY-ONE EYE SURGER

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

7209 BRYAN DAIRY ROAD

11b. City, State & Zip Code

LARGO FL 33777

11c. Registration/
Document Number

P98000012317

AR. -70.00
AR SUPP 88.75
158.75

900002827229--3
-04/01/99--01112--002
****158.75 ****158.75

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

DATE

3/15/99

Typed or Printed Name of General Partner Signing Form

VISION Twenty-One Eye Surgery
Center, Inc.

Daytime Telephone Number

(727) 945-4300

CR2E003 (8/98)