
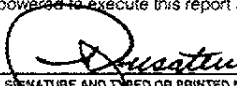


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000001126			
1. Entity Name PASCO SURGERY CENTER, LLLP			
Principal Place of Business 5923 7TH STREET ZEPHYRHILLS, FL 33540-3501		Mailing Address 5923 7TH STREET ZEPHYRHILLS, FL 33540-3501	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		4. FEI Number 59-3510176	
AYLWARD, ROBERT E 600 S. MAGNOLIA AVE., SUITE 100 TAMPA, FL 33606		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$346,424.00		10. Amount of Capital Contributions in FLORIDA to date.	
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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	KAUFMAN, STUART J M.D.	CITY - ST - ZIP	
STREET ADDRESS	6329 GALL BLVD.		
CITY - ST - ZIP	ZEPHYRHILLS, FL 33540		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	CORTELLI, LEONARD E JR., MD	CITY - ST - ZIP	
STREET ADDRESS	13602 NORTH 46TH STREET		
CITY - ST - ZIP	TAMPA, FL 33613		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	PUSATERI, THOMAS J M.D.	CITY - ST - ZIP	
STREET ADDRESS	13602 NORTH 46TH STREET		
CITY - ST - ZIP	TAMPA, FL 33613		
DOCUMENT #	NAME	STREET ADDRESS	
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STREET ADDRESS			
CITY - ST - ZIP			
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		4/6/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	



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