


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A98000001126</b> 1. Entity Name <b>PASCO SURGERY CENTER, LLLP</b>					
Principal Place of Business <b>5923 7TH STREET</b> <b>ZEPHYRHILLS, FL 33540-3501</b>			Mailing Address <b>5923 7TH STREET</b> <b>ZEPHYRHILLS, FL 33540-3501</b>		
2. Principal Place of Business Suite, Apt #, etc.			3. Mailing Address Suite, Apt #, etc.		
City & State			City & State		
Zip			Country		
4. FEI Number <b>59-3510176</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>AYLWARD, ROBERT E</b> <b>600 S. MAGNOLIA AVE., SUITE 100</b> <b>TAMPA, FL 33606</b>				7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record <b>\$346,424.00</b>			10. Amount of Capital Contributions in FLORIDA to date <b>346,424.00</b>		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	8329 GALL BLVD.		CITY-ST-ZIP		
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	CORTELLI, LEONARD E JR., MD		CITY-ST-ZIP		
CITY-ST-ZIP	13602 NORTH 46TH STREET				
CITY-ST-ZIP	TAMPA, FL 33613				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	PUSATERI, THOMAS J M.D.		CITY-ST-ZIP		
CITY-ST-ZIP	13602 NORTH 46TH STREET				
CITY-ST-ZIP	TAMPA, FL 33613				
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STREET ADDRESS			CITY-ST-ZIP		
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					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			4/8/05 <small>Date</small>		
<small>Daytime Phone #</small>					

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