

# 2006 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A98000001126

Entity Name: PASCO SURGERY CENTER, LLLP

FILED  
Mar 31, 2006  
Secretary of State

**Current Principal Place of Business:**

5923 7TH STREET  
ZEPHYRHILLS, FL 335403501

**New Principal Place of Business:**

**Current Mailing Address:**

5923 7TH STREET  
ZEPHYRHILLS, FL 335403501

**New Mailing Address:**

FEI Number: 59-3510176

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AYLWARD, ROBERT E  
600 S. MAGNOLIA AVE., SUITE 100  
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 #:

Name: KAUFMAN, STUART J M.D.

Address: 6329 GALL BLVD.

City-St-Zip: ZEPHYRHILLS, FL 33540

Document #:

Name: CORTELLI, LEONARD E JR.,MD

Address: 13602 NORTH 46TH STREET

City-St-Zip: TAMPA, FL 33613

Document #:

Name: PUSATERI, THOMAS J M.D.

Address: 13602 NORTH 46TH STREET

City-St-Zip: TAMPA, FL 33613

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

Address:

City-St-Zip:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LEONARD E. CORTELLI, MD

PART

03/31/2006

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date