2007 LIMITED PARTNERSHIP ANNUAL REPORT

FILED
Aug 29, 2007
Secretary of State

DOCUMENT# A98000001126

Entity Name: PASCO SURGERY CENTER, LLLP

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 ( )**
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., 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:

ADDRESS CHANGES ONLY:

Document #:		
Name:	KAUFMAN, STUART J M.D.	
Address:	6329 GALL BLVD.	Address:
City-St-Zip:	ZEPHYRHILLS, FL 33540	City-St-Zip:
Document #:		
Name:	CORTELLI, LEONARD E JR.,MD	
Address:	13602 NORTH 46TH STREET	Address:
City-St-Zip:	TAMPA, FL 33613	City-St-Zip:
Document #:		
Name:	PUSATERI, THOMAS J M.D.	
Address:	13602 NORTH 46TH STREET	Address:
City-St-Zip:	TAMPA, FL 33613	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: STUART J KAUFMAN GP 08/29/2007

Electronic Signature of Signing General Partner Date