

2011 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A98000001208

FILED
Apr 22, 2011
Secretary of State

Entity Name: WESTON OUTPATIENT SURGICAL CENTER, LTD.

Current Principal Place of Business:

2229 N. COMMERCE PKWY.
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

2229 N. COMMERCE PKWY.
WESTON, FL 33326

New Mailing Address:

FEI Number: 65-0930629

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 #: M08000004368
Name: WESTON, NSC LLC
Address: 191 N. WACKER DR., SUITE 925
City-St-Zip: CHICAGO, IL 60606

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

I hereby 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: LETITIA BONTHRON

ASTR

04/22/2011

Electronic Signature of Signing General Partner

Date