

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A98000001208

**FILED**  
**Apr 13, 2012**  
**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:**

20 BURTON HILLS BLVD, 5TH FLOOR  
NASHVILLE, TN 37215

**FEI Number:** 65-0930629

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
515 E. PARK AVE.  
TALLAHASSEE, FL 32301 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: 20 BURTON HILLS BLVD, 5TH FLOOR  
City-St-Zip: NASHVILLE, TN 37215

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: CLAIRE M. GULMI

SEC

04/13/2012

Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date