

# 2000 UNIFORM BUSINESS REPORT (UBR)

091100

091100

DOCUMENT # A98000001331

1. Entity Name

ORLANDO SURGERY CENTER II, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 13 AM 10:02

Principal Place of Business

20 BURTON HILLS BLVD., SUITE 100  
NASHVILLE TN 37215

Mailing Address

20 BURTON HILLS BLVD., SUITE 100  
NASHVILLE TN 37215

2. Principal Place of Business

2000 N. Orange Ave

3. Mailing Address

3401 West End Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Nashville TN

Zip

32804

Country

USA

Zip

37203

Country

USA

4. FEI Number

62-1741356

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

500003398685--7

-09/20/00--01007--024

\*\*\*\*423.00 \*\*\*\*423.00

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$100,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$47,750

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P98000022080  
NAME AMBULATORY RESOURCE CENTRES OF FLORIDA INC  
STREET ADDRESS 20 BURTON HILLS BLVD., SUITE 100  
CITY-ST-ZIP NASHVILLE TN 37215

13. ADDRESS CHANGES ONLY

STREET ADDRESS

3401 West End Ave, Ste 120

CITY-ST-ZIP

Nashville TN 37203

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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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

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8/28/00

Date

615  
234-7900

Daytime Phone #

CR2E003 (5/00)