

# 2001 UNIFORM BUSINESS REPORT (UBR)

0016241 AF

DOCUMENT # A98000001331

1. Entity Name

ORLANDO SURGERY CENTER II, LTD.

FILED

01 APR 30 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2000 N. ORANGE AVE.  
ORLANDO FL 32804

Mailing Address

3401 WEST END AVE., STE. 760  
NASHVILLE TN 37203

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

62-1741356

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

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

(NOT 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

13. ADDRESS CHANGES ONLY

DOCUMENT # P98000022080  
NAME AMBULATORY RESOURCE CENTRES OF FLORIDA INC  
STREET ADDRESS 3401 WEST END AVE., STE. 120  
CITY-ST-ZIP NASHVILLE TN 37203

STREET ADDRESS  
CITY-ST-ZIP  
STREET ADDRESS 0000004218220-4  
CITY-ST-ZIP -05/15/01--01108--030  
\*\*\*\*423.00 \*\*\*\*423.00

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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:

*Charles T. Neal*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Charles T. Neal 4-25-01  
615-234-7900

Date Daytime Phone #

0016241 AF