

# **2005 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A98000001331

**FILED**  
**Apr 19, 2005**  
**Secretary of State**

**Entity Name:** ORLANDO SURGERY CENTER II, LTD.

**Current Principal Place of Business:**

2000 N. ORANGE AVE.  
ORALNDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

40 BURTON HILLS BLVD., STE 400  
NASHVILLE, TN 37215

**New Mailing Address:**

**FEI Number:** 62-1741356

**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

**Capital Contributions as Shown on record:** 47,750.00

**Amount of Capital Contributions in Florida to date:** 47,750.00

**GENERAL PARTNER INFORMATION:**

**ADDRESS CHANGES ONLY:**

Document #: P98000022080

Name: AMBULATORY RESOURCE CENTRES OF FLORIDA INC

Address: 40 BURTON HILLS BLVD., STE 500

City-St-Zip: NASHVILLE, TN 37215

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KENNETH C MITCHELL

VP

04/19/2005

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date