

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001331

1. Entity Name
ORLANDO SURGERY CENTER II, LTD.



Principal Place of Business
2000 N. ORANGE AVE.
ORLANDO FL 32804

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

FILED

03 MAY -7 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

40 Burton Hills Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 400

City & State

City & State

Nashville TN

Zip

Country

Zip

Country

37215

USA

4. FEI Number 62-1741356

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2003

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

CT Corporation System

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

1200 South Pine Island Rd

City

Plantation

FL

Zip Code

33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

JENNIFER F AULTMAN

ASSISTANT SECRETARY 23-03

9. Capital Contributions
as Shown on record.

\$47,750.00

10. Amount of Capital Contributions

in FLORIDA to date. 47,750

11. MAKE CHECK PAYABLE TO FL. 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 40 Burton Hills Blvd, Ste 500
CITY-ST-ZIP Nashville TN 37215

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STREET ADDRESS
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 by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/15/03

Date

615-234-7900

Daytime Phone #

CR2E003 (10/02)

0016928 AT