

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 FEB -3 PM 1:03

1. Name of Limited Partnership

1a. DOCUMENT #
A98000001891

SURGICAL INSTITUTE MEDICAL EQUITY INVESTORS,
LTD.



Mailing Address

3801 PGA BLVD., SUITE 1000
PALM BEACH GARDENS FL 33410

Principal Office Address

3801 PGA BLVD., SUITE 1000
PALM BEACH GARDENS FL 33410

3. Date Formed or Registered

08/06/1998

3a. Date of Last Report

5a. Capital Contributions as
Shown on record.

\$1,010.00

5b. Amount of Capital
Contributions in FLORIDA
to date:

2. Mailing Address

Su 222 Lakeview Avenue
Ck 17th Floor
West Palm Beach, FL
Zi 33401

2a. Principal Office Address

S 222 Lakeview Avenue
C 17th Floor
West Palm Beach, FL
Zi 33401

4. State or Country of Formation

FL

6. FEI Number

65-0861694

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

LAWRENCE B. JURAN, P.A.
3801 PGA BLVD., SUITE 1000
PALM BEACH GARDENS FL 33410

10. If changed, new Registered Agent/Office

Name Regserv Corp.
Street Adc 222 Lakeview Avenue
Suite, Apt. 17th Floor
City West Palm Beach 33401

10a. Pursuant to the provisions of sections 620.1051
for the purpose of changing its registered office
agent, I am familiar with, and accept the obligation

Under the laws of the State of Florida, submits this statement
as partner(s). I hereby accept the appointment of registered

Regserv Corp.
By:

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

SURGICAL INSTITUTE MEDICAL EQUITY
CORPORATION

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

222 Lakeview Avenue
17th Floor

11b. City, State & Zip Code

West Palm Beach, FL
33401

11c. Registration/
Document Number

P98000068783

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-02/03/99--01132--004
****141.25 ****141.25

SL
2-4-99

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

PATRICK J. DISRUDD-VICE PRESIDENT

Daytime Telephone Number

1/29/99
(561) 655-9008

CR2E003 (8/98)