LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

LF

DOCUMENT # A98000001891

1. Entity Name

SURGICAL INSTITUTE MEDICAL EQUITY INVESTORS, LTD.

FILED
02 APR 23 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3801 PGA Boulevard	3801 PGA Boulevard
Suite, Apt. #, etc.: 600	Suite, Apt. #, etc.: 600
City & State: Palm Beach Gardens, FL	City & State: Palm Beach Gardens, FL
Zip: 33410 Country: USA	Zip: 33410 Country: USA

DUE BY MAY 1

4. FEI Number: 65-0861694 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: REGSERV CORP.

Street Address (P.O. Box Number is Not Acceptable): 3801 PGA Boulevard 600

City: Palm Beach Gardens FL Zip Code: 33410

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

8. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION
1,010.00		

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 #	P98000068783
NAME	SURGICAL INSTITUTE MEDICAL EQUITY CORP.
STREET ADDRESS	3801 PGA Boulevard, Suite 600
CITY-ST-ZIP	Palm Beach Gardens, FL 33410
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NAME	
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CR2E003B (12/01)

STAPLE CHECK HERE

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, trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: _____ Patrick J. DiSalvo, Vice President 2/20/02 (561)630-5055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #