## 2004 LIMITED PARTNERSHIP ANNUAL REPORT

## DOCUMENT# A99000001094

FILED Feb 03, 2004 Secretary of State

Entity Name: NORTH PINELLAS SURGERY CENTER, LTD., L.L.P.

Current Principal Place of Business: New Principal Place of Business:

2323 CURLEW ROAD, BLDG. 5 DUNEDIN, FL 34698

Current Mailing Address: New Mailing Address:

2323 CURLEW ROAD, BLDG. 5 DUNEDIN, FL 34698

FEI Number: 59-3585728 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BENNETT, NANCY 2323 CURLEW ROAD, BLDG 5 DUNEDIN, FL 34698 US

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: 460,000,00

Amount of Capital Contributions in Florida to date: 460,000.00

GENERAL PARTNER INFORMATION: ADDRESS CHANGES ONLY:

Document #:

Name: TAUNK, JAWAHAR MD

 Address:
 2595 TAMPA ROAD, SUITE E
 Address:

 City-St-Zip:
 PALM HARBOR, FL 34684
 City-St-Zip:

Document #:

Name: GOYAL, ANOOP MD

 Address:
 1162 ALT 19 N.
 Address:

 City-St-Zip:
 HOLIDAY, FL 34691
 City-St-Zip:

Document #:

Name: AHN, JOHN

Address: 1330 SOUTH FT. HARRISON AVENUE Address: City-St-Zip: CLEARWATER, FL 33756 City-St-Zip:

Document #

Name: STECKLER, ERIC

Address: 1330 SOUTH FT. HARRISON AVENUE Address: City-St-Zip: CLEARWATER, FL 33756 City-St-Zip:

Document #:

Name: KLIBANOFF, ALAN MD

 Address:
 33920 U.S. 19 NORTH, SUITE 124
 Address:

 City-St-Zip:
 PALM HARBOR, FL 34684
 City-St-Zip:

Document #:

Name: ZEITLIN, LARRY MD

 Address:
 33920 U.S. 19 N., SUITE 124
 Address:

 City-St-Zip:
 PALM HARBOR, FL 34684
 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: ALAN KLIBANOFF MGR 02/03/2004