

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B00000000238

1. Entity Name

JACKSONVILLE BEACH SURGERY CENTER, L.P.

Principal Place of Business

3401 WEST END AVENUE, SUITE 120  
NASHVILLE TN 37203

Mailing Address

3401 WEST END AVENUE, SUITE 120  
NASHVILLE TN 37203

2. Principal Place of Business

3316 South Third St.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jacksonville Beach FL

City & State

Zip

32250

Country

U.S.

Country

4. FEI Number

62-1825684

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

DATE

9. Capital Contributions  
as Shown on record.

\$1,470,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

1,545,000

11. MAKE CHECK PAYABLE TO 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

DOCUMENT # F00000004531  
NAME SARC/JACKSONVILLE, INC.  
STREET ADDRESS 3401 WEST END AVENUE, SUITE 120  
CITY-ST-ZIP NASHVILLE TN 37203

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

700005449497--9

STREET ADDRESS

CITY-ST-ZIP

-05/03/02--01038--009

\*\*\*\*526.25 \*\*\*\*526.25

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Charles T. Neal 4/11/02 615-234-7900

APPROVED  
AND  
FILED

02 APR 29 PM 3:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



0016646 AT

CR2E003 (9/01)