2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DO NOT WRITE IN THIS SPACE

DQCUMENT # B03000000226

1. Entity Name

SAND LAKE SURGERY CENTER, L.P.

FILED
May 04, 2006 08:00 Al
Secretary of State

Principal Place of Business

30 BURTON HILLS BLVD., SUITE 450 NASHVILLE, TN 37215

Mailing Address

30 BURTON HILLS BLVD., SUITE 450 NASHVILLE, TN 37215



05012006 No Chg-LP

CR2E003 (11/05)

 4. FEI Number
 Applied For

 13-4234998
 Not Applicable

П

Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331

12.

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The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent.	ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept	-
SIGNATURE ——Signature, typed or printed name of registered agent and title if applicable	_ DATE	

FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00

GENERAL PARTNER 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.

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F0300000402 SURGIS OF SAND LAKE, INC. 30 BURTON HILLS BLVD., SUITE 450 NASHVILLE, TN 37215
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>
DOCUMENT # NAME STREET ADDRESS CITY-S1-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS	

U00000563708 05/20/06-80024-006 500.00

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14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature sharing are 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:

CITY - ST- ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST- ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

430/06

(615) 312-5577

Daytime Phone #