

# **2008 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B03000000226

**FILED**  
**May 12, 2008**  
**Secretary of State**

**Entity Name:** SAND LAKE SURGERY CENTER, L.P.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

15305 DALLAS PARKWAY  
SUITE 1600  
ADDISON, TX 75001 US

**Current Mailing Address:**

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

**New Mailing Address:**

15305 DALLAS PARKWAY  
SUITE 1600  
ADDISON, TX 75001 US

**FEI Number:** 13-4234998

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: CT CORPORATION SYSTEM

05/12/2008

Electronic Signature of Registered Agent

Date

**GENERAL PARTNER INFORMATION:**

Document #: F03000000402  
Name: SURGIS OF SAND LAKE, INC.  
Address: 15305 DALLAS PARKWAY #1600  
City-St-Zip: ADDISON, TX 75001

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ALEX JENKINS

05/12/2008

Electronic Signature of Signing General Partner

Date