


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**FILED**  
**May 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> B96000000159	
<b>1. Entity Name</b> SARASOTA ENDOSCOPY CENTER, L.P., LIMITED PARTNERSHIP	

<b>Principal Place of Business</b> 1435 S. OSPREY AVE., SUITE 100 SARASOTA FL 34236	<b>Mailing Address</b> PO BOX 380546 BIRMINGHAM AL 35238
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<b>2. Principal Place of Business</b> Suite, Apt. #, etc. City & State Zip	<b>3. Mailing Address</b> Suite, Apt. #, etc. City & State Zip	<b>Country</b>
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1ST MOORE CR2E003 (10/04)

<b>4. FEI Number</b> 58-2081030	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324
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<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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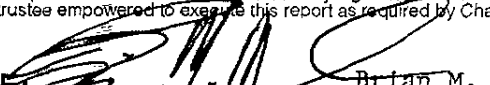
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>		<b>90,000.00</b>	<b>11. FILE NOW!!! Due by May 1, 2005.</b> <b>See Block 11 instructions for fee info.</b>
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable	<b>DATE</b>		
<b>9. Capital Contributions as Shown on record.</b> \$90,000.00	<b>10. Amount of Capital Contributions in FLORIDA to date.</b>		

**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		13. ADDRESS CHANGES ONLY	
<b>DOCUMENT #</b> F94000000703	<b>NAME</b> SURGEX-SARASOTA, INC.	<b>STREET ADDRESS</b>	
<b>STREET ADDRESS</b> 1435 S. OSPREY AVE., SUITE 100	<b>CITY - ST - ZIP</b> SARASOTA FL 34236	<b>CITY - ST - ZIP</b>	
<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	<b>CITY - ST - ZIP</b>	
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05/16/05-20010-012 526.25

**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**  **Brian M. Menke, VP of GP** **4/25/05** **205-967-7116**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE