

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 APR 11 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership	1a. DOCUMENT # B96000000310
THE HALLANDALE SURGERY ASC, L.P. <i>47-AR CM</i>	

Mailing Address ONE BURTON HILLS BLVD., SUITE 350 NASHVILLE TN 37215	Principal Office Address ONE BURTON HILLS BLVD., SUITE 350 NASHVILLE TN 37215	3. Date Formed or Registered 08/09/1996	5a. Capital Contributions as Shown on record. \$350,000.00
		3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date: 61,600.00
		4. State or Country of Formation TN	
2. Mailing Address	2a. Principal Office Address	6. FEI Number 62-1648271	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
City & State	City & State	8. Make check payable to: Dept. of State (See reverse side for fee information)	
Zip	Country		

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
• C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name
	Street Address (P.O. Box Number Is Not Acceptable)
	Suite, Apt. #, etc.
	City FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
AMSURG HALLANDALE, INC.	ONE BURTON HILLS BLVD	NASHVILLE TN 37215	F96000004076
900002147039--9 -04/17/97--01117--007 ****534.95 ****534.95			

Notes: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Royce Harrell

DATE

4/9/97

Typed or Printed Name of General Partner Signing Form

**Royce Harrell, Vice President
AMSURG HALLANDALE, INC.**

Daytime Telephone Number

615-665-1283

CR2E003 (11/96)