

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FILED
98 JAN 16 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
B97000000110

SURGERY CENTER OF SARASOTA, L.P.

Mailing Address

Principal Office Address

C/O DR. ALAN TREIMAN
1821 WALDMERE STREET, SUITE 310
SARASOTA FL 34239

C/O DR. ALAN TREIMAN
1821 WALDMERE STREET, SUITE 310
SARASOTA FL 34239

2. Mailing Address

1435 South Tamiami Trail
Suite, Apt. #, etc.

City & State

Sarasota FL
Zip 34239 Country USA

2a. Principal Office Address

1435 South Tamiami Trail
Suite, Apt. #, etc.

City & State

Sarasota FL
Zip 34239 Country USA

3. Date Formed or Registered

02/21/1997

3a. Date of Last Report

4. State or Country of Formation

DE

6. FEI Number

65-0727870

7. Certificate of Status Desired

☐ Applied For
☐ Not Applicable

\$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

5a. Capital Contributions as
Shown on record.

210,000.00
\$210,000.00

5b. Amount of Capital
Contributions in FLORIDA
to date:

\$210,000.00

9. Name and Address of Current Registered Agent

UCC FILING & SEARCH SERVICES, INC.
528 EAST PARK AVENUE
TALLAHASSEE FL 32301

10. If changed, new Registered Agent/Office

Name

Mary F. Rogers Administrator

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

1435 South Tamiami Trail

Suite, Apt. #, etc.

City

Sarasota

FL

Zip Code

34239

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)

X Mary F. Rogers

DATE X 12-29-97

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

SURGERY CENTER OF SARASOTA G

1821 WALDMERE STREET
1435 South Tamiami Trail

SARASOTA FL 34239

F97000000946

100002412621--0
-01/27/98--01015--018
****526.25 ****526.25

Note: 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 X

Ronald E. Moore

DATE X 12-30-97

Typed or Printed Name of General Partner Signing Form

X RONALD E. MOORE

Daytime Telephone Number

(817) 923-1064

CR2003 (6/97)