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

LIMITED PARTNERSHIP ANNUAL REPORT 4000

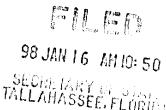
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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State



1990	DIVISION OF CO	RPORATIONS	TALLA	HASSEE FLORIDA	
1. Name of Limited Partnership	1a. DOCUMENT # B9700000110				
SURGERY CENTER OF SARAS	OTA, L.P.			<u> </u>	
				9/1/22	
Mailing Address	Principal Office Address		3, Date Formed or Registered	5a. Capital Contributions as Shown on record.	
C/O DR. ALAN TREIMAN 1921 WALDMERE STREET, SUITE 310 SARASOTA FL 34239	C/O DR. ALAN TREIMAN 1921 WALDMERE STREET, SUITE 310 SARASOTA FL 34239		02/21/1997 3a. Date of Last Report	\$210,000.00	
			4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
1435 South Tamiani Trail	2a. Principal Office Address 1435 South Tamium, Trail		DE	\$210,000.00	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For Not Applicable	
City & State Sara sofa FL	City & State Salusota +2		7. Certificate of Status Desired	\$8.75 Additional Fee Required	
34239 Country USA		Country USA	8. Make check payable to: Dept. of	State (See reverse side for fee Information)	
9. Name and Address of Current	Registered Agent		10. If changed, new Registere	d Agent/Office	
526 EAST PARK AVENUE TALLAHASSEE FL 32301 City		Street Address (Pf.). 1435 Suite, Apt. #, etc.	#, etc.		
10a. Pursuant to the provisions of sections 620.1051 and for the purpose of changing its registered office or reagent. I am familiar with, and accept the obligations	egistered agent, or both, in the State of Florio of section 620.192, Florida Statutes.	Himited partnership org da. Such change was a	uthorized by its general partner(s). I here	ne State of Florida, submits this statement by accept the appointment of registered	
SIGNATURE (Registered Agent Accepting Appointment)	Mary Y. Rog	ers	DATE	X 12-39-97	
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 (Do NOT Use Post Office Box		City, State & Zip Code	11c. Registration/ Document Number	
SURGERY CENTER OF SARASOTA G	1921 WALDEMERE OTREET 1437 Soth Townson, Vo.		RASOTA FL 34239	F97000000946	
	l.		1 00002/ -01/27/ ****52	4126210 8 4126210 8 /3801015018 26.25 ****526.25	
Note: General partners MAY NOT	be changed on this form	; an amendme	ent must be filed to cha	ange a general partner.	
- TO TO I I shall be each a mortific that the deformation - in all and in the st	is filing to unit missily furgished and discrete	auglifutor the over	a stated in Contine 110 A7/31/14 Classide.	Etatutas I ralassa the Division of	

121 I dd 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 equired by chapter 620. Florida Statutes

SIGNATURE X

DATE

DATE

Typed or Printed Name of General Partner Signing Form Y RONALD E. MOORE

DATE X /2 - 30 - 97

Daylime Telephone Number (817) 923 - 1064