

2002 UNIFORM BUSINESS REPORT (UBR)

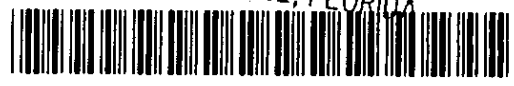
0016576 AT

DOCUMENT # **B97000000121**

1. Entity Name
NORTH MIAMI BEACH SURGERY CENTER LIMITED PARTNER SHIP

Principal Place of Business ONE PARK PLAZA NASHVILLE TN 37203	Mailing Address PO BOX 750 NASHVILLE TN 37202
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FILED
2002 MAY 17 AM 9:15
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 62-1679300	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent
~~THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301~~

7. Name and Address of New Registered Agent
Name: CT Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1700 South Pine Island Road
City: Plantation FL Zip Code: 33324

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.
SIGNATURE: JENNIFER F AULTMAN ASSISTANT SECRETARY
Signature, typed or printed name of registered agent and title if applicable.
DATE: 4-11-02

9. Capital Contributions as Shown on record. \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	
DOCUMENT #	#M02000001049
NAME	NORTH MIAMI BEACH SURGICAL CENTER, LLC
STREET ADDRESS	ONE PARK PLAZA
CITY-ST-ZIP	NASHVILLE TN 37203
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	000005609930--2
CITY-ST-ZIP	-05/24/02--01029--019
STREET ADDRESS	****141.25 ****141.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E003 (9/01)

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: JENNIFER F AULTMAN ASSISTANT SEC. 3-22-02 344-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

April 22, 2002

FILED
2002 MAY 17 AM 9:15
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NORTH MIAMI BEACH SURGERY CENTER LIMITED PARTNERSHIP
PO BOX 750
NASHVILLE, TN 37202

SUBJECT: NORTH MIAMI BEACH SURGERY CENTER LIMITED
PARTNERSHIP
Ref. Number: B9700000121

We have received your document for NORTH MIAMI BEACH SURGERY CENTER LIMITED PARTNERSHIP and check(s) totaling \$141.25. However, your check(s) and document are being returned for the following:

Our records reflect a general partner listed on your annual report/uniform business report form was administratively dissolved or its certificate of authority was revoked by this office. Because section 620.177, F.S., requires all non-individual general partners to be active on our records, the general partner must be reinstated before we can process your limited partnership annual report/uniform business report form. Enclosed please find the appropriate form and instructions to reinstate the general partner. Please note the fees to reinstate the general partner total \$.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 602A00023828