

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID  
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 APR -5 PM 3:30

1. Name of Limited Partnership

1a. DOCUMENT #  
A18982

TALLAHASSEE HEALTH ASSOCIATES, LTD.

Mailing Address

2600 EAST SOUTH BOULEVARD  
SUITE 225  
MONTGOMERY AL 36116

Principal Office Address

2600 EAST SOUTH BOULEVARD  
SUITE 225  
MONTGOMERY AL 36116

3. Date Formed or Registered

01/28/1985

3a. Date of Last Report

11/03/1997

4. State or Country of Formation

FL

5a. Capital Contributions as  
Shown on record

\$740,000.00

5b. Amount of Capital  
Contributions in FLORIDA  
to date

2. Mailing Address

ONE HEALTHSOUTH PARKWAY

Suite, Apt. #, etc.

City & State

BIRMINGHAM, AL

Zip

35243

Country

2a. Principal Office Address

ONE HEALTHSOUTH PARKWAY

Suite, Apt. #, etc.

City & State

BIRMINGHAM, AL

Zip

35243

Country

6. FEI Number

74-2357408

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

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

9. Name and Address of Current Registered Agent

CAPITAL HOSPITAL CORPORATION  
1675 RIGGINS ROAD  
TALLAHASSEE FL 32308

10. If changed, new Registered Agent/Office

Name

000002834160--0

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

04/09/99 -- 01004 -- 000

Suite, Apt. #, etc.

\*\*\*\*526.25 \*\*\*\*526.25

City

FL

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)

SIGMA HEALTH PROPERTIES

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

~~2600 E. SOUTH BLVD., #~~  
ONE HEALTHSOUTH PARKWAY

11b. City, State & Zip Code

~~MONTGOMERY AL~~  
BIRMINGHAM, AL  
35243

11c. Registration/  
Document Number

H33504

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 effect 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

*Richard E. Ball*

DATE

3/30/99

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (12/98)