
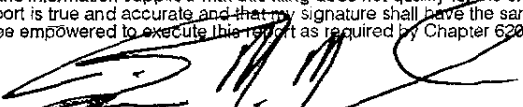


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
May 16, 2005 08:00 AM
Secretary of State

| | | | |
|--|---|--|--|
| DOCUMENT # A18982 | |  | |
| 1. Entity Name TALLAHASSEE HEALTH ASSOCIATES, LTD. | | | |
| Principal Place of Business ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243 | | Mailing Address P.O. BOX 380546 BIRMINGHAM AL 35238 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 74-2357408 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| CAPITAL HOSPITAL CORPORATION 1675 RIGGINS ROAD TALLAHASSEE FL 32308 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable</small> | | DATE | |
| 9. Capital Contributions as Shown on record. \$740,000.00 | | 10. Amount of Capital Contributions in FLORIDA to date. | |
| 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 | | 13. ADDRESS CHANGES ONLY | |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | H33504 SIGMA HEALTH PROPERTIES ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243 | STREET ADDRESS CITY - ST - ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | | STREET ADDRESS CITY - ST - ZIP | 00000036881 05/16/05-80010-014 526.25 |
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| 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:  | | / Brian M. Menke (205) 967-7116 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | Date Daytime Phone # | |

STAPLE CHECK HERE