



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 MAR 15 AM 11:48 	
1. Name of Limited Partnership DAY SURGERY, LTD.		1a. DOCUMENT # A96000002075		3. Date Formed or Registered 11/07/1996	
Mailing Address 150 SOUTH WACKER DRIVE SUITE 2002 CHICKASAW		Principal Office Address 1715 SE TIFFANY AVENUE PORT ST. LUCIE FL 34985		5a. Capital Contributions as Shown on record \$1,000.00	
2. Mailing Address P. O. BOX 380546		2a. Principal Office Address		3a. Date of Last Report 04/07/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State BIRMINGHAM, AL		City & State		6. FEI Number 65-0707875	
Zip Country 35238 USA		Zip Country		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				7. Certificate of Status Desired	
				<input type="checkbox"/> \$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 GORMAN, ELBERT 1715 SE TIFFANY AVENUE PORT ST. LUCIE FL 34985		10. If changed, now Registered Agent/Office	
		Name C T CORPORATION SYSTEM Street Address (P.O. Box Number Is Not Acceptable) 1200 PINE ISLAND ROAD Suite, Apt. #, etc. City PLANTATION	
		Zip Code 33009 State FL County DADE	

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): *Connie Bryan* *Connie Bryan, Special Assistant Secy* DATE *3/18/99*

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) NSC PORT ST. LUCIE, INC.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1715 SE TIFFANY AVENUE ONE HEALTHSOUTH PKWY		11b. City, State & Zip Code PORT ST. LUCIE FL 349 BIRMINGHAM, AL 35243		11c. Registration/Document Number P96000074064	
				<i>BK</i> <i>3/15/99</i>			

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: *Richard E. Botts* DATE: *3/6/99*