


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
May 14, 2004 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 Suite, Apt #, etc		3. Mailing Address Suite, Apt # etc	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent CAPITAL HOSPITAL CORPORATION 1675 RIGGINS ROAD TALLAHASSEE FL 32308		7. Name and Address of New Registered Agent 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 Signature, typed or printed name of registered agent and if applicable		DATE	
9. Capital Contributions as Shown on record. \$740,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
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	
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MOORE CR2E003 (11/03)

4. FEI Number **74-2357408**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

4/22/04

(205) 967-7116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE