

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

99 MAR -1 AM 8:05

SECRETARY OF STATE



1. Name of Limited Partnership

1a. DOCUMENT #
A22500

ST. PETERSBURG SURGERY CENTER, LTD.

Mailing Address

839 PASEDNA AVE. SOUTH
ST. PETERSBURG FL 33707

Principal Office Address

839 PASEDNA AVE. SOUTH
ST. PETERSBURG FL 33707

3. Date Formed or Registered

05/06/1986

3a. Date of Last Report

12/04/1997

4. State or Country of Formation

FL

5a. Capital Contributions as
Shown on record

\$220,000.00

5b. Amount of Capital
Contributions in FLORIDA
to date

2. Mailing Address

P. O. BOX 380546

Suite, Apt. #, etc.

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

BIRMINGHAM, AL

City & State

Zip Country
35243 USA

Zip Country

6. FEI Number

~~58-1651450~~ 58-1651450

☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

FL Zip Code

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)

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

11b. City, State & Zip Code

11c. Registration/
Document Number

SCA-ST. PETERSBURG, INC.

ONE HEALTHSOUTH PKWY.

BIRMINGHAM AL 35243

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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. Botts Sr.

DATE

2/23/99

Typed or Printed Name of General Partner Signing Form: RICHARD E. BOTTS SR. VICE PRESIDENT Time Telephone Number (205) 967-7116

CR2E003 (12/98)